



DEPENDENT CARD REQUEST FORM

INSTRUCTIONS

Please fill out, sign and fax this form to 1-866-406-0946. A \$5 fee is charged for each additional Benny™ Prepaid Benefits Card that is requested. This fee will automatically be deducted from your Flexible Spending Account. If you need assistance completing this form or have general questions about your Flexible Spending Account, please call 1-800-307-0230.

Employee Name: _____

Employee SSN (Last Four Digits Only): XXX - XX - _____

Employer Name: _____

Employer Location: _____

Dependent Name: _____

Dependent SSN: _____

Dependent Date of Birth: _____

Is this dependent a spouse? YES or NO

If no, state relationship: _____

Employee Signature

Date