

Section 125 Benefit Debit Card

Request for Spouse/Dependent Card(s)

- Employer Name:					
Employee Name:					
(Please Print) FIRE	ST		MI	LAST	
l. Please issue "The Benef	fit Card" to t	he spouse/dependen	t(s) listed below	w. I understand th	nat it is my responsibility to with the Benefit Card by my
Spouse/Dependent #1:					
Dependent Name:					
(Please Print) FIRST	ST		MI	LAST	
Dependent SSN:				Date of Birth:	
					Must be age 18 or older
Dependent #2:					
Employee Name:					
(Please Print) FIRS	ST		MI	LAST	
Dependent SSN:				_ Date of Birth: _	
					Must be age 18 or older
I accept responsibility that Plan Year. Each time the reaffirming that it is a qual Upon request, I will immused for purchases other than 10 miles.	AGREE THA at all Benefit Card is a Benefit Card is alified expenditusediately submit than qualified entification, I m	ard transactions of my a s presented for paymen ure that has not been re t any required document expenditures, I have vio must immediately re-pa	bove-listed spous t, the signed recein simbursed, nor wintation and/or tra- blated this Agree	se/dependent(s) are for ipt will evidence that t ill any reimbursement nsaction detail. I und ment and my obligation	r expenditures incurred within the the expense has been incurred and be sought from any other source, erstand that if the Benefit Card is ons under my Employer's Plan. I hat my Benefit Card(s) may be
Employee Signature	· · · · · · · · · · · · · · · · · · ·			Date	
The dependent Benefit	Card(s) shou	ald be received with	in three to four	weeks.	
Mail your completed for	orm to:	KBA FlexPro / Q	PD		
		P.O. Box 55210	46005 0010		For Internal Use Only
		Indianapolis, IN	46205-0210		RCD PD
Or fax your complete	d form to:	866-241-1488			PRD REP

DEPCARD 9204