

Additional Card Request

Note: Cards issued are valid for a period of 3 years from the date issued. If you already have cards, you do not need to request new cards.

PERSONAL INFORMATION

Company Name:		Social Security:
Employee Name:		Phone:
Address:	City, State, Zip Code:	
Email:		<input type="checkbox"/> Please check if this is a new address

ADDITIONAL CARDS

An additional card should be issued to the following person authorized to use Flexible Benefit accounts:

Name:
Social Security Number:
Relationship:

Participant's Signature _____ Date: _____

Send your completed form to:

The Employers Association
Attn: FSA Services
Fax: 704.944.6076
Email: benefits@employersassoc.com