



# Health Savings Account Additional Debit Card Request Form

Use this form to request an additional debit card for your spouse or any dependents. Submit completed form to: Benefit Extras, Inc. (TPA) via fax to **952.435.8435 (toll-free fax 800.886.8793)**, secure email to **flex@benefitextras.com** or mail to **Benefit Extras, Inc., P.O. Box 1815, Burnsville, MN 55337.**

If you have any questions regarding this form, please call **952.435.6858** or toll-free at **866.435.6858** or contact us via our website at [www.benefitextras.com](http://www.benefitextras.com).

\*Required Fields

<b>Part I Consumer Information</b>				
*Consumer Name (First, MI, Last)		*Employer Name (If sponsored by an employer plan)		
*Birth Date (MM/DD/YYYY)	*Social Security Number		*Day Telephone	
*Address		*City	*State	*Zip
<b>Part II Additional Card Information</b>				
Please complete the following information for each additional debit card requested.				
* Spouse Name (First, MI, Last)			* Birth Date (MM/DD/YYYY)	
*Address	*City		*State	*Zip
<b>Dependent 1</b>				
* Dependent Name (First, MI, Last)			* Birth Date (MM/DD/YYYY)	
*Address	*City		*State	*Zip
<b>Dependent 2</b>				
* Dependent Name (First, MI, Last)			* Birth Date (MM/DD/YYYY)	
*Address	*City		*State	*Zip
<b>Part III Consumer Consent</b>				
I hereby give the information provided on this form is accurate. I understand that I am only able to request cards for dependents that are dependent to me as defined by IRC, and over the age of 18. I acknowledge that this form may be electronically signed, and I agree that the electronic signature appearing on this document is the same as my handwritten signature for the purpose of validity, enforceability, and admissibility.				
*Consumer Signature			*Date	