

Flexible Spending Account (FSA)
Debit Card Request Form

Please Print All Information!

Employee Name: _____

Employer: _____

Social Security Number: ___ - ___ - ___ (Office use only: EID _____)

Mailing Address: (number/street) _____
(Please print clearly. This is the address to which the debit cards will be sent.)

(city, state, zip) _____

Email Address: _____

Additional Debit Cards

Please issue debit card(s) on my FSA account as indicated below. I understand that for each additional debit card there is a **one-time \$5.00 fee per card** and that payment is required with this debit card request. (Note: Your FSA plan offered by your employer must include the debit card option.)

Additional Cardholder Number 1 (Relationship: Spouse; Dependent Child)

Full Name: _____
(Please print name exactly as it should appear on debit card.)

Social Security Number: ___ - ___ - ___

Additional Cardholder Number 2 (Relationship: Spouse; Dependent Child)

Full Name: _____
(Please print name exactly as it should appear on debit card.)

Social Security Number: ___ - ___ - ___

Additional Cardholder Number 3 (Relationship: Spouse; Dependent Child)

Full Name: _____
(Please print name exactly as it should appear on debit card.)

Social Security Number: ___ - ___ - ___

By signing below, I am authorizing Savers Administrative Services to issue a debit card(s) on my Flexible Spending Account as specified above. I agree to ensure that each additional cardholder identified above will use their debit card only for eligible medical or dependent care expenses. I certify that neither I nor any additional cardholder will seek reimbursement from any other plan for any medical or dependent care expense paid with the card, nor claim any federal income tax deduction or credit with respect to such expense. I understand that any additional debit card(s) will remain in effect until Savers Administrative Services has received notification from me (either by postal mail, email, or phone) of the termination of the additional debit card(s) and in such manner as to afford Savers Administrative Services a reasonable opportunity to act on the request.

Employee's Signature

Date



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