

Flexible Spending Account (FSA)
Benefit Card Request Form

(Note: Your FSA plan offered by your employer must include the Benefit Card option.)

Please Print All Information!

Employer (Company Name): _____

Employee's Name: _____

Employee's Social Security Number: __ __ __ - __ __ - __ __ __ __

Mailing Address: (number/street) _____
(Please print clearly. This is the address to which the card(s) will be mailed.)

(city, state, zip) _____

Email Address: _____

Additional Benefit Cards

Please issue Benefit Card(s) on my FSA account as indicated below. I understand that for each additional card there is a **one-time \$5.00 fee per card**. You may either submit a personal check with this form (make check payable to "Savers Admin") or we can deduct the fee from your FSA account balance. **Please indicate:** Check included; Deduct fee from my FSA balance

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

First Name: _____ MI: _____ Last Name: _____
(Please print name as it should appear on the card.)

Social Security Number: __ __ __ - __ __ - __ __ __ __

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

First Name: _____ MI: _____ Last Name: _____
(Please print name as it should appear on the card.)

Social Security Number: __ __ __ - __ __ - __ __ __ __

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

First Name: _____ MI: _____ Last Name: _____
(Please print name as it should appear on the card.)

Social Security Number: __ __ __ - __ __ - __ __ __ __

By signing below, I am authorizing Savers Administrative Services, Inc. (Savers Admin) to issue a Benefit Card(s) on my Flexible Spending Account as specified above. I agree to ensure that each additional cardholder identified above will use their Benefit 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 Benefit Card(s) will remain in effect until Savers Admin has received notification from me (either by postal mail, email, or phone) of the termination of the additional Benefit Card(s) and in such manner as to afford Savers Admin a reasonable opportunity to act on the request.

Employee's Signature

Date



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