

Health Reimbursement Arrangement Spouse/Dependent Information and Card Request Form

CLEARLY print the following information required for enrollment.

Employer:	Employee Effective Date	/ /
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Questions regarding data provided may result in unexpected delays in processing.

Employee Last Name*	Employee First Name*	MI
Social Security Number* _ _ - _ - _ - _ - _ - _	Date of Birth* / /	*Circle F M Daytime Phone (_ - _) _ - _ - _ - _ - _
Home Address*	City*	State* Zip Code*
Email Address	Department	

Please issue Master Card Flex Debit Card to the spouse/dependent(s) as noted below. I understand that it is my responsibility to maintain all records necessary to substantiate the eligibility of all items/services purchased with the Flex Card by my dependent(s). Cardholder must be age 18 or older.

Spouse or Dependent Information: List any dependents associated with employee
(Effective 10/01/2010, spouse and/or dependent information is required.)

Last Name*	First Name*	Social Security Number*	Date of Birth*	Gender	Relt	Issue Card
		- - - - -	/ /	F M	SP	Y N
		- - - - -	/ /	F M	CH	Y N
		- - - - -	/ /	F M	CH	Y N
		- - - - -	/ /	F M	CH	Y N
		- - - - -	/ /	F M	CH	Y N

***All Dependent fields are required. Questions regarding data provided may result in unexpected delays**

I UNDERSTAND AND AGREE THAT:

I accept responsibility that all Flex Card transactions of my above-listed spouse/dependent(s) are for expenditures incurred within the Plan Year. Each time the Flex Card is presented for payment, the signed receipt will evidence that the expense has been incurred and reaffirming that it is a qualified expenditure that has not been reimbursed, nor will any reimbursement be sought from any other source.

Upon request, I will immediately submit any required documentation and/or transaction detail. I understand that if the Flex Card is used for purchases other than qualified expenditures, I have violated this Agreement and my obligations under my Employer's Plan.

I understand that, upon notification, I must immediately re-pay the expense to the Account and that my Flex Card(s) may be immediately suspended or revoked for such failure to comply.

Employee Signature

Date