



### Additional Flex Debit Card Request

Company Name	Employee Name	Social Security Number
E-mail Address	Eligible Spouse or Dependent's Name (limited to 20 characters/spaces)	Eligible Spouse or Dependent's SSN
Address Change <input type="checkbox"/> No <input type="checkbox"/> Yes, Please provide update:		

#### Debit Card Agreement Summary

- Please note that you must be at least 18 years old to have a card issued. You do not need a separate card for each family member.
- I must keep copies of all receipts and they should be kept with my tax return for 6 years.
- Documentation is required for all transactions that do not meet your employer's health plan. Documentation should be faxed to FlexAmerica using the Debit Card Validation Form, which can be found on [www.flexamerica.com](http://www.flexamerica.com). FlexAmerica will send out one reminder, but it is the responsibility of the participant to submit the documentation.
- When a requested receipt is not returned to FlexAmerica in a timely manner, my card (& my dependent's card) will be temporarily inactivated until the proper documentation is sent to FlexAmerica.
- The card should only be used for eligible products and services as outlined by the Internal Revenue Service (IRS). Some examples of such expenses include medical deductibles, co-payments, non-covered prescriptions, dental or vision related expenses, and dependent care expenses. (You can find more examples on our web site at [www.flexamerica.com](http://www.flexamerica.com))
- I am responsible for reading the cardholder agreement that I will receive with the card in the mail, the above is only a summary. The card agreement may also be found on FlexAmerica's web site ([www.flexamerica.com](http://www.flexamerica.com))

By my signature I agree to abide by the terms and agreements set forth above for both myself & my dependent(s):

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please fax or mail this form to FlexAmerica:  
13511 Label Lane Suite 201, Hagerstown, MD 21740  
301-564-5191 fax