



Flexible Benefit MasterCard* Request Form

Please mail, fax, or email completed forms HealthSmart Benefit Solutions
P.O. Box 16647 | Lubbock, TX 79490-6647
Toll Free 844-516-3658 | Fax 844-319-3669 | Email flexbenefits@HealthSmart.com
www.mywealthcareonline.com/flexiblespending

Employer: _____ SS# _____

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____ @ _____

*Debit card options are specific to each Employer's Plan.

I request a card be issued to me.
I understand that any existing, active cards that I hold will be automatically de-activated when I use my new card.

I request that a card be issued to my dependent(s) listed below.
I understand that all card utilization by dependent(s) will be drawn against my Flexible Benefits Account(s). I further understand that my dependent(s) must be age 18 or over to be eligible to receive a card.

Dependent Name	Dependent SSN	Relation to Employee	Dependent Address (if different from employee's address)

Employee Signature: _____ Date: _____