

# Flexible Benefits Plan Benefits MasterCard\* Request Form



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: \_\_\_\_\_

Please return form to:  
 HealthSmart Benefit Solutions  
 P.O. Box 3262, Charleston, WV 25301  
 Fax: 877.587.4434 Email: nngg\_cs@healthsmart.com  
 Phone: 800.503.9098