

# 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: \_\_\_\_\_

**Mail: HealthSmart Benefit Solutions**

PO Box 16647

Lubbock, TX 79490-6647

Phone: 844.516.3658 (Monday through Friday, 7:00 AM to 6:00 PM CST); Fax: 844-319-3669

Self Service Portal: <https://healthsmart.wealthcareportal.com>

Mobile Application: HealthSmart My Flex Spending