

Flexible Spending Account (FSA) Benefit Card Request Form

(Note: Your FSA plan offered by your employer must include the Benefit Card option.)
Please Print All Information!

Employer (Company Name): _____

Employee's Name: _____

Employee's Social Security Number: _____ - _____ - _____

Mailing Address: (number/street) _____
(Please print clearly. This is the address to which the card(s) will be mailed.)

(city, state, zip) _____

Email Address: _____

Additional Benefit Cards

Please issue Benefit Card(s) on my FSA account as indicated below.

Additional Cardholder Number 1 (Relationship: Spouse; Dependent Child)

First Name: _____ MI: ____ Last Name: _____
(Please print name as it should appear on the card.)

Social Security Number: _____ - _____ - _____

Additional Cardholder Number 2 (Relationship: Spouse; Dependent Child)

First Name: _____ MI: ____ Last Name: _____
(Please print name as it should appear on the card.)

Social Security Number: _____ - _____ - _____

Additional Cardholder Number 3 (Relationship: Spouse; Dependent Child)

First Name: _____ MI: ____ Last Name: _____
(Please print name as it should appear on the card.)

Social Security Number: _____ - _____ - _____

By signing below, I am authorizing Savers Administrative Services, Inc. (Savers Admin) to issue a Benefit Card(s) on my Flexible Spending Account as specified above. I agree to ensure that each additional cardholder identified above will use their Benefit Card only for eligible medical or dependent care expenses. I certify that neither I nor any additional cardholder will seek reimbursement from any other plan for any medical or dependent care expense paid with the card, nor claim any federal income tax deduction or credit with respect to such expense. I understand that any additional Benefit Card(s) will remain in effect until Savers Admin has received notification from me (either by postal mail, email, or phone) of the termination of the additional Benefit Card(s) and in such manner as to afford Savers Admin a reasonable opportunity to act on the request.

Employee's Signature

Date



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