



Additional Flex Debit Card Request

Company Name	Employee Name	Social Security Number
E-mail Address	Eligible Spouse or Dependent's Name	Eligible Spouse or Dependent's SSN

Address Change? Please provide update:

Debit Card Agreement Summary

Please Note:

There is no fee if you request **one** additional HRA debit card. However, you may request more than one additional card if needed for a fee of \$5.00 each. Please make checks payable to FlexAmerica.

I must keep copies of all receipts, and they should be kept with my tax return for 6 years.. My transactions will be denied if I do not have enough eligible money in my account. My 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. I am responsible for reading the card holder agreement that I will receive with the card in the mail and understand that the above is only a summary.

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

Employee Signature

Date

Mail the form to:

CareFirst Debit Addition
13511 Label Lane Suite 201
Hagerstown, MD 21740

Or fax to:

(301) 530-4161