



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		
<p>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 PayFlex Systems USA, Inc.. 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) or by my employer. 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.</p> <p>**Please note dependent must be 18 years or older to receive a card.**</p>		
<p>I agree to abide by the terms and agreements set forth above for both myself & my dependent(s):</p> <p>Employee Signature: _____</p> <p>Date: _____</p>		

Mail the form to: CareFirst Debit Addition 13511 Label Lane Suite 201 Hagerstown, MD 21740

Or fax to: (301) 530-4161

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