



## **ADDITIONAL FLEX DEBIT CARD REQUEST FORM**

Employee's name: \_\_\_\_\_

Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

### **1) Additional Flex Debit Card for Spouse or Dependent**

**\*\*\*Dependent must be 18 years of age or older\*\*\***

▶ Name: \_\_\_\_\_

▶ Social Security Number (of spouse/dependent): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

▶ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Shipping address if **different** from the above

Address: \_\_\_\_\_

▶ Relationship to Employee:  Spouse  Dependent (18 yrs or older)

*(Please request 1 card per form)*



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