



Flexible Spending Accounts

Phone: 1.877.747.4141

Fax: 1.866.593.7125

ADDITIONAL CARD REQUEST FORM

Use this form to request additional Flexible Spending Account debit cards. Please complete the form below and return it to Continuon Services, LLC by U. S. Mail or fax. **Please do not e-mail this form to us.**

Employee Name: _____ **Social Security Number:** _____

Dependent #1

Name: _____

Social Security Number: _____

Date of Birth: _____

Dependent #2

Name: _____

Social Security Number: _____

Date of Birth: _____

Dependent #3

Name: _____

Social Security Number: _____

Date of Birth: _____

Authorization

I authorize Continuon Services, LLC to issue additional debit cards to the dependent(s) listed above. I understand that I am bound by the cardholder agreement that accompanied my original card. I understand that I am responsible for the proper use of the debit card under the terms of the plan. I agree to report lost or stolen debit cards to Continuon Services, LLC immediately.

Employee Signature: _____ **Date:** _____

P O Box 1379
Roswell, GA 30077-1379