



Additional Health Spending Card(s) Request Form

Employer Name

Participant First Name

MI

Last Name

Address

City

State

Zip Code

Email Address

Social Security Number / Member ID

Phone Number; 555-222-1111

Additional Health Spending Card Request Terms:

- Health Spending Cards are valid for up to three years.
- Only existing participants in a Lifetime Benefit Solutions Card program can request replacement or additional cards.
- Health Spending Cards are issued in sets of two and are issued in the name of the participant only.
- If either of the two originally issued Health Spending Cards are lost or stolen, both Cards must be cancelled prior to requesting replacement cards by calling Customer Service at (800) 327-7130.

I am requesting one additional set of Health Spending Cards (you will receive two Cards) and understand the terms above.

I am requesting two additional sets of Health Spending Cards (you will receive 4 Cards) and understand the terms above.

- Delivery of the Health Spending Card(s) will take approximately 10 business days following the receipt and processing of your request.
- Please be sure to provide your SSN or Member ID.
- Mail to Lifetime Benefit Solutions, FSA Dept. 70 Metro Park, Rochester, NY 14623 or fax to 877-256-7228.
- Call Customer Service with questions at 800-327-7130.

By submitting this form to Lifetime Benefit Solutions I certify that only valid dependents as claimed on my federal tax return or as defined in my employers plan document will use the card.

Participant Signature: _____ Date: _____