

ADDITIONAL CARD REQUEST FORM
Personal Information: (Please print)

Employer Name:		Request Date:	
Employee Name:		Email Address:	
Employee SSN:		Daytime Phone Number:	

Dependent Information

Dependent Name	Social Security Number	Date of Birth

EMPLOYEE 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:	X	Date:	
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If you have any questions, please contact us at: 1-877-747-4141 or fsa@csllc.com

Submit to: Continuon Services, LLC
 Attn: FSA Administration
 P.O. Box 7127
 Atlanta, GA 30357-7127

or

Fax to: 1-866-593-7125