

FSA CARD SECONDARY CARD REQUEST FORM



All fields are required. Incomplete or illegible forms will not be processed.

Participants must have received their card prior to requesting secondary cards.

This form is designed so that you may complete the form on your computer by tabbing through the designated fields and typing in the required information. If you do not have a computer, please use black or blue ink to complete the form. Print clearly and only in the spaces provided.

Employee FlexID:

★ Locate your FlexID at www.flexdirect.adp.com or by calling the Participant Solution Center at 1-800-654-6695.

NOTE: Dependents must be 18 years of age or older to receive a Secondary FS

Dependent Information:

First Name

M.I.

Last Name

Dependent Type:

Spouse

Child

I would like to request an additional Flexible Spending Account card be issued for my dependent on the account indicated below.

Health Care FSA

Limited Purpose FSA

I elect to have my dependent named above to have access to use my Flexible Spending Account and agree that they will be bound by the terms of my employer's Plan and the terms and conditions of the Cardholder Agreement provided with the Card. I understand that this agreement is only for eligible services and expenses provided during the Plan Year and that said services must be provided and expenses must be incurred before the submission of claims for reimbursement. I also acknowledge that I may be required to provide documentation after the purchase to substantiate that the Card was used for qualified expenses under the Plan.

Employee Signature

Date

Print employee name:

First Name

Last Name

Employer Name

Please mail or fax completed form to:
ADP FSA Card Processing
PO Box 1806
Alpharetta, GA 30023-1806
FAX: 678-893-5571

Cards will be mailed to the employee's address on record within 7 – 14 business days. Please be sure to enter your email address in your Participant Profile at www.flexdirect.adp.com to receive important information about the status of your account.