



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

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

Employer: Carnegie Mellon University \_\_\_\_\_

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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