Clear Form

Flexible Benefits Card Additional Card Holder Request Form

Use this form to request an additional Benefits Card for your spouse or eligible federal tax dependent.

INSTRUCTIONS

1. **Complete** all applicable sections of this form.
2. **Submit** your completed form to Igoe Administrative Services via:
   - Secure Upload through your personal account at www.goigoe.com
   - Email to flex@goigoe.com
   - Fax to 800-456-9083
   - OR Mail to Igoe Administrative Services, P.O. Box 501480, San Diego, CA 92150-1480
3. **Tips**
   - Your employer allows for one additional card to be connected to your Flexible Benefit Plan reimbursement account.
   - For your security, cards will be mailed in a nondescript white envelope. Please allow up to 14 days for card delivery.
   - The card is funded by election dollars in the current plan year at the time of the card swipe.
   - Specific information regarding your Flexible Benefit Plan and tips for using the Flexible Benefits Card can be located online at www.goigoe.com.
4. **Questions?** Please contact Participant Services at flex@goigoe.com, 1-800-633-8818, Opt# 1.

Section A: About You *REQUIRED (PLEASE COMPLETE ALL SECTIONS)

Company Name

Participant Name	First Five digits of the Participant SSN – -####

E-mail Address **(Required)**

Section B: Additional Card Holder Information *REQUIRED (PLEASE COMPLETE ALL SECTIONS)

Additional Card Holder Name as it should appear on the card

First Five Digits of the Additional Card Holder's Social Security Number

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E-mail Address **(Required)**

Section C: Authorization *REQUIRED (PLEASE SIGN AND DATE)

I hereby agree to be bound by all terms, conditions, and limitations to the Plan and any and all separate plans, contracts and documents made a part hereof. I further acknowledge that the additional card holder listed above qualifies as a federal tax dependent. I hereby acknowledge that the Plan Sponsor/Employer only authorizes use of the Flexible Benefits Card at locations where MasterCard® is accepted that offer eligible products or services as outlined in the Plan documents provided. To the extent that any Benefits Card transactions are not for qualified expenditures and I fail to reimburse the Account for such amounts, I authorize my Employer to collect from me personally or withhold such funds from my payroll including any taxes, fines, surcharges or penalties that may be assessed. I also understand that my Benefits Card and/or that of the additional card holder indicated here may be immediately suspended and/or permanently revoked at the Plan Sponsor/ Employer's discretion.

Employee Signature: Ready To Sign? Click To Print ***Date:*** _____

IGOE ADMINISTRATIVE SERVICES