



FSA CARD SECONDARY CARD REQUEST FORM

All fields are required – incomplete forms will not be processed. Please print legibly – illegible forms will not be processed. Only one enrollment per form.

Employee Social Security Number – –

Dependent Social Security Number – –

Dependent Name:

First name M.I. Last name

Dependents must be 18 years of age or older to receive a Secondary FSA Card.

Dependent Date of Birth – –
MM DD YY

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.