



FLEX CONVENIENCE ® CARD AUTHORIZATION REQUEST FOR DEPENDENT CARD

The Flex Convenience® Card is not a credit card but a debit card electronically linked to a participant's Flexible Spending Account balance. Participants may use the Flex Convenience® Card for eligible health care such as:

- Medical deductibles
- Co-payments not covered by a health plan,
- Prescriptions
- Dental or vision related expenses

Employer's Name: _____

Printed Name: _____ Social Security #: _____

Participant's Email Address: _____

*By providing an email address you consent to receive electronic communications regarding your Flexible Spending Account via email.

YES, I want a spouse/dependent card (Limit one)

Spouse/dependent Name: _____

Spouse/dependent Social Security #: _____

I understand that I am responsible for providing substantiation for all Flex Convenience® Card transactions. I will refund back to my account any amount associated with a transaction that is deemed ineligible. I also am responsible for any spouse/dependent card transactions.

Signature: _____ Date: _____

Please return to: Employer Benefits
 PO Box 750600
 Topeka KS 66675-0600

Toll-free fax to 1-866-477-6526

Email ebdept@securitybenefit.com