



Mobile Upload
Electronic Claim Submission:
<https://secure.ebpabenefits.com>

Fax: 1-603-773-4415
Mail To: EBPA Reimbursement Accounts
37 Industrial Drive
Exeter, NH 03833
Phone: 888-678-3457

ADDITIONAL EBPA BENEFITS CARD REQUEST FORM

Employee Information:

EMPLOYER	
EMPLOYEE NAME	SOCIAL SECURITY NUMBER

Additional Card Requested For: Your Legal Spouse or your Dependent

NAME	SOCIAL SECURITY NUMBER
ADDRESS (IF DIFFERENT THAN PARTICIPANT)	ADDRESS (CITY, STATE, ZIP CODE)

By signing this application you are agreeing that the additional person listed will have access to the full elected amount of your FSA contributions.

Employee Signature

Date