



Mobile Upload

Electronic 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**