



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