



Debit Card Request Form



Employee Name _____

Address _____ Last 4 digits of SS# _____

City, State, ZIP _____ Is this a new address? ☐ YES ☐ NO

Phone _____ Email _____

Please select the card(s) you would like issued.

Employee Card	Dependent Card	Dependent Card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please select this box if your card has been lost or stolen.	Name	Name
A debit card is ordered in the employee's name when they enroll at no charge.	_____	_____
	Social Security Number	Social Security Number
	_____	_____

***** A \$5.00 service fee will be deducted from your account for each additional card requested. *****

For the 2011-2012 plan year, the fee for the first dependent card will be waived; standard fees will apply to any additional cards requested.

Mastercard requires that dependents be at least 18 years old and provide their Social Security Number. It is your responsibility to read the plan materials that are available to you and understand the operation and rules of the plan. The Debit Card can only be used to pay for eligible medical expenses for yourself and your covered dependents. The Debit Card cannot be used for any medical expense that has already been reimbursed, and you may not seek reimbursement under any other health plan for expenses paid for with the Debit Card. You must acquire and retain sufficient documentation for any expense paid with the Debit Card. Failure to submit documentation for Debit Card transactions (when required) in a timely manner may result in your Debit Card privileges being suspended until the required documentation is submitted. Repayment of ineligible or undocumented transactions may be required.

Submit this form to:

Fax (904) 880-2830

Mail BenefitsWorkshop
P.O. Box 56828
Jacksonville, FL 32241

Questions? Contact us!

Email info@benefitsworkshop.com

Phone (888) 537-3539

Website www.benefitsworkshop.com/keysenergy

By signing this form, I am consenting to the fees and regulations listed above.

Participant Signature

Date