

ADDITIONAL CARD REQUEST FORM

Fax Claims to: (410) 414-8432

Email: questions@careflex.com

Phone: (888) 577-2762

CareFlex Benefit Solutions

205 West Dares Beach Road

Prince Frederick, MD 20678

Primary account holders have the option to request additional *CareFlex Express Benefit Cards* for their qualified dependents. Benefit cards are not required for each dependent; however, cards may be useful for spouses or eligible dependents that are away from home. To receive an additional card(s), complete the form below and submit to CareFlex. The primary account holder and the dependent receiving the additional card must sign where indicated or the request will not be processed. **Please Note: The primary account holder is responsible for the activity of the additional card.**

Check here if any information has changed since enrollment.

1. PRIMARY ACCOUNT HOLDER (EMPLOYEE) INFORMATION

Last Name		First Name		M.I.	Employer	
Address				Date of Hire	Hours Worked Per Week:	
City			State	Zip Code	Social Security Number	
Home Telephone #			Business Phone # and Extension		Date of Birth	
Email Address			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	

2. DEPENDENT INFORMATION

Last Name		First Name		M.I.	Relationship	
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth	

HIPPA Disclosure Authorization

All primary account holders have access to account activity online, including up-to-date account balances. Both CareFlex Express benefit card transactions and manual claims incurred by the primary account holder or qualified dependent(s) are available for viewing through the online account access by the primary account holder. As a dependent authorized to use the CareFlex Express benefit card, I hereby understand and authorize the primary account holder to view my claims activity.

Dependent Signature _____
Date

Primary Account Holder Signature Authorizing Additional Card Request _____
Date

Last Name		First Name		M.I.	Relationship	
Social Security Number	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth	

HIPPA Disclosure Authorization

All primary account holders have access to account activity online, including up to date account balances. Both CareFlex Express benefit card transactions and manual claims incurred by the primary account holder or qualified dependent(s) are available for viewing through the online account access by the primary account holder. As a dependent authorized to use the CareFlex Express benefit card, I hereby understand and authorize the primary account holder to view my claims activity.

Dependent Signature _____
Date

Primary Account Holder Signature Authorizing Additional Card Request _____
Date