EBS-RMSCO, Inc.
Employee Benefit Solutions

Additional EBS Flex Card(s) Request Form

Employer Name

Participant First Name | MI | Last Name

Address

City | State | Zip Code

Email Address

Social Security Number / Member ID | Phone Number

Additional EBS Flex Card Request Terms:

- EBS Flex Cards are valid for up to three years.
- Only existing participants in an EBS Flex Card program can request replacement or additional cards.
- EBS Flex Cards are issued in sets of two and are issued in the name of the participant only.
- If either of the two originally issued EBS Flex Cards were lost or stolen, both Cards must be cancelled prior to requesting replacement cards by calling Customer Service at (800) 327-7130.

❑ I am requesting one additional set of EBS Flex Cards (you will receive two Cards) and understand the terms above.

❑ I am requesting two additional sets of EBS Flex Cards (you will receive 4 Cards) and understand the terms above.

- Delivery of the EBS Flex Card(s) will take approximately 10 business days following the receipt and processing of your request.
- Please be sure to provide your SSN or Member ID.
- Mail to EBS-RMSCO, Inc., FSA Dept. 30 Perinton Hills Mall, Fairport NY 14450 or fax to 877-256-7228.
- Call Customer Service with questions at 800-327-7130.

By submitting this form to EBS-RMSCO, Inc., I certify that the dependents names on this Form are valid dependents as claimed on my federal tax return.

Participant Signature: _____ Date: _____