EBS-RMSCO, Inc.
Employee Benefit Solutions

Clear Form Print Form

Additional EBS One Card Request Form

Employer Name

Participant First Name MI Last Name

Address

City State Zip Code

Date of Hire Gender Date of Birth

Email Address

Social Security Number (include dashes) Phone Number

EBS One Card Policy

Only existing participants in an EBS One Card program can request additional or replacement cards. Participants initially receive two EBS One Cards free of charge. The participant's name will appear on the front of both Cards. The participant should sign the back of one Card, and their eligible spouse/dependent should sign the back of the second Card. Cards are activated upon first use and are valid for three years.

If a participant needs additional dependent Cards, they can be ordered from the FSA/HRA website accessed through www.ebsrmsco.com or by completing the section below. The dependent will receive one Card, and the dependent's name will appear on the front of the Card. There is no charge for additional dependent Cards.

Replacement Cards (i.e., lost or stolen) can be reported on the FSA/HRA website or by completing the section below. Replacement Card fees apply. To replace the set of two Cards issued in the participant's name, the participant's account will be charged a $5 fee. To replace each additional Card issued in the dependent's name, the participant's account will be charged a $5 fee.

Request Additional Dependent Card

❑ I am a requesting a new dependent EBS One Card to be issued in the name of my dependent(s) listed below. I understand that one dependent Card will be issued in my dependent's name, and there is no charge for the new Card. The dependent Card will be mailed to the address provided above.

Name	Social Security #	Date of Birth	Gender	Relationship	Full Time Student?
			☐ M. ☐ F.	☐ Spouse. ☐ Dependent.	☐ Yes. ☐ No.
			☐ M. ☐ F.	☐ Spouse. ☐ Dependent.	☐ Yes. ☐ No.
			☐ M. ☐ F.	☐ Spouse. ☐ Dependent.	☐ Yes. ☐ No.
			☐ M. ☐ F.	☐ Spouse. ☐ Dependent.	☐ Yes. ☐ No.

Report Lost/Stolen Cards and Request Replacement Cards

❑ I am reporting that my EBS One Card(s) is either lost or stolen. Please cancel the lost/stolen card(s). Please issue a set of two replacement Cards. I understand that they will be issued in my name, and my account will be charged a $5 fee.

❑ I am reporting my dependent's EBS One Card is either lost or stolen. Please cancel the lost/stolen card. The Card was initially issued in the name of my dependent as follows: _____. Please issue one replacement Card for my dependent. The Card will be issued in my dependent's name, and my account will be charged a $5 fee.

- Delivery of the EBS One Card(s) will take approximately 10 business days following the receipt and processing of your request.
- Please be sure to provide your SSN or Employee ID.
- Mail this form 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 information here is true and correct.