Interactive Medical Systems

FLEXIBLE BENEFITS –REQUEST FOR ADDITIONAL FLEX CARD

Company Name: Plan Year:

Employee Name _____
First Middle Last

Address _____

_____
City State Zip

Social Security Number_____

If you want a Flex Card issued to your spouse or dependent, we will need their name, address and Social Security number.

Dependent Name _____
First Middle Last

Address _____

_____
City State Zip

Social Security Number_____

I authorize the issue of a MBI Benefits Card to the dependent listed above. I understand that this card will be linked to my Flexible Spending Account and that it is to be used for IRS allowable expenses, which are not reimbursable under any other plan.

_____ _____
Employee Signature Date

The card cannot be issued without your signature.

P.O. Box 19108, Raleigh, NC 27619 Phone (919) 877-9933 Fax (919) 877-0615