



**VitaFlex
Account Correspondence
Approval Form for Authorized Users**

It is Vita's goal to protect and safeguard the protected health information associated with the VitaFlex claims process. Effective January 1, 2009, Vita is instituting a policy that will only allow *you* as the employee to access your Medical Flexible Spending Account information. If you wish to give additional individuals access to your claim and account information, you will need to notify Vita in writing.

Please complete this form and include any person to whom you would like to grant access to your Medical Flexible Spending Account information. This includes information provided via e-mail, phone, or in person.

If you have already given Vita this information through your Employer's election process, then you do not need to submit this information again. If you would like to add or remove an individual during the Plan Year, please fill out this form and submit it to Vita.

Employee Information

Employee Name: _____

Company Name: _____

Employee ID or Social Security Number: _____

Authorized Individual

First Name	Last Name	E-mail	Phone Number	Add	Remove
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

By signing this document, I am allowing the individuals named above to have access to my Medical Flexible Spending Account information.

Employee Signature

Date

Fax To: VitaFlex
(650) 964-FLEX (3539)
(866) 964-FLEX (3539)

E-mail To:
flex@vitamail.com

Mail To: VitaFlex
900 North Shoreline Boulevard
Mountain View, CA 94043-1933