



VitaFlex Medical Flexible Spending Account Second Debit Card Request Form

As a participant in the Medical Flexible Spending Account through your employer, you will be provided with a VitaFlex debit card. This debit card will be tied directly to your Medical Flexible Spending Account balance. You may use the card to pay for eligible medical expenses directly out of your Medical Flexible Spending Account.

You will automatically receive one (1) VitaFlex debit card when you elect to participate in the Medical Flexible Spending Account. The card will be mailed directly to your home address. If you prefer, you may request a second debit card under the name of your spouse or one of your legal dependents. The second card will also be tied directly to your Medical Flexible Spending Account even though it will be in the name of one of your dependents.

If you would like to request a second VitaFlex debit card, please complete the form below with the name of the dependent whose name you wish to be on the card and return the form to Vita. There will be no charge for the second debit card.

Employee Information

Employee Name: _____

Company Name: _____

Employee ID or Social Security Number: _____

Authorized Individual for Second Debit Card

| First Name | Last Name | Relationship to Employee |
|------------|-----------|--------------------------|
| | | |

By signing this document, I am officially requesting a second debit card for my Medical Flexible Spending Account to be created in the name of the above listed dependent.

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