

# Additional Febco Card Request



## A – Participant Information

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \*Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile/Cell Phone: \_\_\_\_\_

## B – Additional Card Holder Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship \_\_\_\_\_

Mailing Address (If different from participant):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the above person to receive a Febco Benefits MasterCard. The Febco Benefits MasterCard will draw funds from my pretax benefit plan through my employer. I will reimburse the employer/Febco for any amounts, from my account, which are not Qualified Expenditures that this card may be used on. My employer may also pursue any and all legal means available to it to receive some or all of the amounts advanced that I am not entitled to, including but not limited to, deducting such owed amounts from subsequent payroll amounts owed me. This card is the property of Febco and the employer and must be returned to the employer immediately upon loss of eligibility for benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, feel free to call **Febco, Inc.** toll-free 1-800-489-1539.

Customer Service is available to assist you, Monday through Friday, 8:00 A.M. until 4:30 P.M., Eastern Time.

**Please fax this form to: 502-695-9692**