



Additional Debit Card Request Form

Company Name	Employee Name	Social Security Number
E-mail Address	Eligible Spouse or Dependent's Name (limited to 20 characters/spaces)	Eligible Spouse or Dependent's SSN
Address		Eligible Spouse or Dependent's Birthdate (mm/dd/year)

Debit Card Agreement Summary

- Please note that you must be at least 18 years old to have a card issued. You do not need a separate card for each family member.
- I must keep copies of all receipts and they should be kept with my tax return for 6 years.
- Documentation is required for all transactions that do not meet your employer's health plan.
- When a requested receipt is not returned to Driven Benefit Administrators in a timely manner, my card (& my dependent's card) may be temporarily inactivated until the proper documentation is sent to Driven Benefit Administrators.
- The card should only be used for eligible products and services as outlined by the Internal Revenue Service (IRS). Some examples of such expenses include medical deductibles, co-payments, non-covered prescriptions, dental or vision related expenses, and dependent care expenses.
- I am responsible for reading the cardholder agreement that I will receive with the card in the mail, the above is only a summary.

By my signature I agree to abide by the terms and agreements set forth above for both myself & my dependent(s):

Employee Signature

Date

Return completed form to:

Email: info@driven125.com

Toll Free Customer Service: (866) 581-0472

www.Driven125.com