

Additional Febco Card Request Form



Febco Benefits Administration

Participant Information

Employer Name: _____ Department: _____
Employee Name: _____ Gender: _____
Social Security Number: _____ Birthday: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail Address: _____
Work Phone: _____ Mobile/Cell Phone: _____

Additional Card Holder Information

Name: _____
Social Security Number: _____ Birthdate: _____
Relationship: _____
Mailing Address (If different from participant):

City: _____ State: _____ Zip Code: _____

Signature *(Incomplete forms will not be processed)*

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.

Employee Signature: _____ Date: _____

Fax this form to: (502) 695-9692

Febco Benefits Administration
PO Box 5010
Frankfort, KY 40602

www.febco.com

Form: ADDITIONALCARD03232015

Customer Service: 1-800-489-1539