



Request for Secondary CONEXIS Debit Card

This form is to authorize CONEXIS to issue a secondary, Flex Debit Card on your Flexible Spending Account. The secondary card is linked to the named participant's account listed on this form.

By signing this form, the named participant authorizes CONEXIS to issue a secondary debit card to the person listed within this form. Any person issued a CONEXIS Flex Debit Card must read the Cardholder Agreement issued with the card to keep the account in compliance with IRS guidelines.

Only one extra card can be issued against your Flexible Spending Account. Please print the information for the secondary cardholder below. CONEXIS will be unable to process this request without the signature from the plan participant.

Name of Secondary Cardholder: _____

Social Security Number: _____

Date of Birth: _____ Relationship: _____

Full Time Student: _____

I have read the above statement and agree to have a secondary card issued on my Flexible Spending Account to the person I have listed above.

Printed Name of Plan Participant: _____

Plan Participant Social Security Number: _____

Employer Name: _____

Signature of Plan Participant: _____

If you have questions regarding this authorization form or need to contact CONEXIS, please contact us toll free (800) 482-4120.

Mail form to: CONEXIS, Flexible Benefits Administration, 6191 North State Highway 161, Suite 400 Irving, TX 75038 (Attn: MBI Implementation).

Fax to: CONEXIS Attn: MBI Implementation 877-353-2948.