



FLEX CONVENIENCE® CARD REQUEST FOR REPLACEMENT CARD

The Flex Convenience® Card is not a credit card but a debit card electronically linked to a participant's Flexible Spending Account balance. Participants may use the Flex Convenience® Card for eligible health care such as:

- Medical deductibles
- Co-payments not covered by a health plan,
- Prescriptions
- Dental or vision related expenses

If you have a current card that has been lost or stolen, please notify Security Benefit to deactivate the card. To request a replacement card, complete the form below. **Please mail the form along with a check or money order made payable to Security Benefit in the amount of \$10.00 to Employer Benefits, PO Box 750600, Topeka, KS 66675.**

My current flex card has been: Lost Stolen

Please send me a replacement card. I am enclosing a check or money order in the amount of \$10 for the replacement cost.

Employer's Name: _____

Printed Name: _____ Social Security #: _____

E Mail Address: _____

*By providing an email address you consent to receive electronic communications regarding your Flexible Spending Account via email.

My spouse/dependent card has been: Lost Stolen

Please send my spouse/dependent a replacement card. I am enclosing a check or money order in the amount of \$10 for the replacement cost.

Spouse/dependent Name: _____

Spouse/dependent Social Security #: _____

I understand that I am responsible for providing substantiation for all Flex Convenience® Card transactions. I will refund back to my account any amount associated with a transaction that is deemed ineligible. I also am responsible for any spouse/dependent card transactions. I understand there may be a charge for the Flex Convenience® card by my employer.

Signature: _____ Date: _____

Please return to: Employer Benefits
PO Box 750600
Topeka KS 66675-0600

Checks should be made payable to Security Benefit.