



BENEFITS CARD REQUEST FORM FOR SPOUSE AND/OR DEPENDENT

(please note that you, as the FSA participant, will automatically receive a debit card)

Employer Name: City of Minneapolis

Employee Name: _____

Employee Social Security Number: _____

_____ (1) Please send me an additional Benefits Card for my spouse/dependent*

Spouse/dependent name as it should appear on card

Spouse/dependent Social Security Number

_____ (2) Please send me an additional Benefits Card for my spouse/dependent*

Spouse/dependent name as it should appear on card

Spouse/dependent Social Security Number

Debit cards will be sent to your home address approximately 2-3 weeks after we receive your request.

*There is no additional cost for an extra Benefits Card if ordered for your spouse or dependent

-Please return completed form to:

**ARC
FSA Department
PO Box 728
Anoka MN 55303-0728**

-Or fax it to 763-862-9185 (Attention: FSA Department)