



EMPLOYEE CARD REQUEST FORM – TAKE CARE DEBIT CARD

NOW YOU CAN TRULY ENHANCE THE VALUE OF YOUR FLEXIBLE SPENDING ACCOUNT WITH TAKE CARE™ FROM EBS/ATLANTA!

PART 1 – EMPLOYEE INFORMATION (Must Be Completed – Please Print)

Employee's Name, Social Security Number, Home Address, Group Name, City/State/Zip, Daytime Telephone, Date of Birth, Sex, Email Address, and a checkbox for new address.

PART 2 – DEPENDENT INFORMATION (Complete this section if you are also requesting a card for a dependent – Please Print)

Two sections for dependent information, each with fields for name, sex, social security number, and date of birth, and a checkbox for spouse/dependent.

Note: Please be aware that there is an additional cost of \$5.00 for a third card ordered.

PART 3 –

AUTHORIZATION - I hereby authorize EBS/Atlanta to issue the Take Care debit card for use of eligible expenses under my Flexible Spending Account.

PART 4 –

CANCELLATION – I hereby request that my Take Care debit card be canceled I understand that should I choose to cancel my Take Care card for the new plan year, that I must do so in writing at least 30 days prior to the beginning of the new Plan Year.

EMPLOYEE'S SIGNATURE (Required)

X _____ Date _____

EBS/Atlanta
2500 Northwinds Parkway
Suite 400
Alpharetta, Georgia 30004

