



**SPOUSE AND DEPENDENT  
CBI® FLEX CARD REQUEST/ CHANGE FORM**

**Employer Name** \_\_\_\_\_

*Employee Name* \_\_\_\_\_

*Home Address* \_\_\_\_\_

\_\_\_\_\_

*Phone Number* \_\_\_\_\_

*Social Security Number* \_\_\_\_\_ *Date of Birth* \_\_\_\_\_

*E-Mail Address* \_\_\_\_\_

Complete for a spouse or dependent 18 years or older for whom you would like a debit card issued, or inactivated. Active dependent cards will remain activated until you specify otherwise.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ADD \_\_\_ DELETE \_\_\_ KEEP \_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ADD \_\_\_ DELETE \_\_\_ KEEP \_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ADD \_\_\_ DELETE \_\_\_ KEEP \_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ADD \_\_\_ DELETE \_\_\_ KEEP \_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ ADD \_\_\_ DELETE \_\_\_ KEEP \_\_\_ Relation \_\_\_\_\_

Spouse/dependent CBI® Flex Cards can only be requested for spouse/dependents that meet federal IRS guidelines. I understand that it is my responsibility to ensure that my spouse and dependents use the CBI® Flex Card for eligible expenses as defined by my employer’s Section 105 Health Reimbursement Account Plan. I also understand that these expenses must qualify for reimbursement under the Internal Revenue Code and that they cannot be claimed as credits or expenses on my personal income tax return.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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