



MBI BENEFITS CARD™ SPOUSAL CARD REQUEST FORM

PLAN INFORMATION

EMPLOYER NAME: _____

EMPLOYEE INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____

SOCIAL SECURITY NUMBER _____ DAYTIME PHONE NUMBER _____ E-MAIL ADDRESS _____

SPOUSE INFORMATION

Please list legal spouse* to whom an additional MBI Benefits Card is to be issued.

SPOUSE FIRST NAME _____ SPOUSE MI _____ SPOUSE LAST NAME _____ SPOUSE SOCIAL SECURITY NUMBER _____

*Legal Spouse – As defined by the IRS(c) 152.

EMPLOYEE AUTHORIZATION

By providing spousal information and signing the spousal card request form you authorize and understand that one additional MBI Benefits Card will be issued under your flexible spending account. A card will only be issued to legal spouse as defined by IRS(c) 152. Use of the card will directly affect your account balance. You are fully responsible to ensure that your spouse complies with the rules and regulations regarding the use of the card as outlined in the cardholder agreement to which you agree to be bound.

EMPLOYEE SIGNATURE _____ DATE _____

PLEASE RETURN COMPLETED FORMS TO PBS, INC.
FAX: 303.221.2785 • E-MAIL: help@cci-pbs.com