

This form authorizes QualChoice to issue a secondary FSA debit card to your FSA account. **NOTE:** Any person issued an FSA debit card must read the Cardholder Agreement issued with the card to keep the account in compliance with IRS guidelines. **Cards will be mailed to the employee's address on record within 7-10 business days of receipt of form.**

All fields are required. Incomplete forms cannot be processed. **Please print legibly.**

Section I: PLAN PARTICIPANT INFORMATION	
Full Name <i>as it appears on your FSA debit card</i>	
Social Security No.	
Employer Name	

SECTION II. SECONDARY CARDHOLDER (must be 18 years of age or older)	
Full Name	
Social Security No.	Date of Birth (MM/DD/YYYY)
Relationship to Plan Participant	Full time Student <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III. AUTHORIZATION AND SIGNATURE	
I authorize QualChoice to issue a secondary debit card to the individual listed in Section II. I agree they will be bound by the terms of my employer's Plan and the terms and conditions of the Cardholder Agreement provided with the card. I understand that this agreement is only for eligible services and expenses providing during the Plan. I also acknowledge that I may be required to provide documentation after the purchase to substantiate that the card was used for qualified expenses under the plan.	
Primary Cardholder Signature X	Date Signed

SECTION IV. INSTRUCTIONS
<p>MAIL or FAX: QualChoice ATTN: FSA Department PO Box 25610 Little Rock, AR 72221 F: 501.707.6845</p> <p>Questions: 501.219.5133 or 866.724.3570</p>

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