



**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 (employer) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Check here if this is a new address      Date of Birth \_\_\_\_\_      Sex: M / F      Email Address: \_\_\_\_\_

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

This card is for:     Spouse      Sex: M / F (*Please Circle*)  
 Spouse's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth \_\_\_\_\_

This card is for:     Dependent      Sex: M / F (*Please Circle*)  
 Dependent's Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth \_\_\_\_\_

**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. I understand that I will be debited the Plan Year fee of \$21.00 from my Flexible Spending Account for the Take Care debit card. I also understand that should I choose to cancel my card at any time, that no portion of this fee is refunded to me.

**PART 4 –**

**CANCELLATION** – I hereby request that my Take Care debit card be canceled. I understand that the Plan Year Fee is paid in advance and no credit is issued for any of the remaining time left during the Plan Year. I further 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 \_\_\_\_\_

**Mail request Form to:**  
 EBS/Atlanta  
 2500 Northwinds Parkway  
 Suite 400  
 Alpharetta, Georgia 30009



**Or Fax to:**  
 770-569-0211