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Email: jemtpa@jemtpa.com

REQUEST FOR ADDITIONAL FLEX CARD

I am requesting an additional flex card for my dependent below. For this card, my flex account will be charged \$5.00 per plan year. If a replacement flex card is requested, a \$5.00 replacement fee will be charged to my account.

Date: _____

Employer: _____

Name: _____

SSN: _____

Mailing
Address: _____

Dependent Information (name on card):

Name: _____

SSN: _____

New Card Replacement Card

PLEASE PRINT LEGIBLY (NOT RESPONSIBLE FOR ILLEGIBLE HANDWRITING)

Please fax or mail this information to our office. You can expect to receive the card by mail 14 days after the request is submitted. All forms can be found on our website www.jemtpa.com.

Thank you for your assistance. Please do not hesitate to contact us at 1-800-943-9179, should you have any questions regarding this matter.

Signature _____

for office use only

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