

REQUEST FORM FOR ADDITIONAL DEBIT CARDS

New cards can also be requested online.

Employer: _____ Date: _____

Employee Name: _____ SSN (Employee ID): _____

Employee Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Sets of cards requested (2 per set): _____

I am requesting that another pair of debit cards be issued to me. All transactions associated with my account will be my responsibility to substantiate, if requested. If a transaction is not successfully substantiated within the specified time-frame, then all cards issued for my account will be temporarily deactivated.

If there are any updates to be made to my mailing or email address, it is my responsibility to notify IUSupport@wexinc.com as soon as possible.

Employee Signature: _____ Date: _____

Please return the completed form to:

IU HSA/FSA
P.O. Box 2905
Fargo, ND 58108-2905
Fax: 888-887-9961

FOR INTERNAL USE ONLY

Amount Enclosed: _____ Date Card Ordered: _____