

# REIMBURSEMENT BENEFIT PLAN – DEPENDENT CARD ORDER FORM

Please use this form if you would like to order a Asure Software Benefits Card for a spouse or qualified adult dependent. The Dependent card will be linked to and transactions drawn from your current Reimbursement Benefit Plan elections. Upon receipt of your request, the Dependent Card will be processed within 5-7 business days. Please allow up to an additional 14 days for card delivery to your address of record.

Employee Name: \_\_\_\_\_

Employee ID# or SSN: \_\_\_\_\_

Dependent Name: \_\_\_\_\_

Dependent ID# or SSN: \_\_\_\_\_

Dependent DOB: \_\_\_\_\_  
(Must be 18 or older)

Relationship to Employee: \_\_\_\_\_

Dependent Address: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Note:**

As the primary participant, it is your responsibility to ensure your spouse or dependent is educated as to eligible expenses in your plan and how the Asure Software Benefits Card is used. For additional information, please refer to your Cardholder Agreement and the Welcome Package materials issued to you at the start of your plan.

**RETURN THIS COMPLETED FORM TO:**

Asure Software  
Address Line One  
City, ST ZipCode  
Email: