

**REQUEST FOR A REPLACEMENT/ADDITIONAL MBI FLEX CONVENIENCE CARD**

**Employee Information**

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

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

**Replacement Card\* - \$5.00 fee for each replacement card**

Cardholder Name: \_\_\_\_\_

Cardholder Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Please note that original card issued will be deactivated before replacement card is processed.*

**Additional Card - \$5.00 fee for each additional card**

Relationship to Employee (please circle):      Spouse                  Child                  Dependent

Name to appear on card: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Payment**

**Please attach your check here.**

**Checks should be made payable to Alliance Benefit Group-MidAtlantic**

*Forms submitted without payment will not be processed.*

**Alliance Benefit Group - MidAtlantic, LLC  
575 South Charles St. Suite 202  
Baltimore, MD 21201  
Attn: FSA Dept.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only:*

*Processed:* \_\_\_\_\_ *Verified:* \_\_\_\_\_