



# ADDITIONAL BENEFITS CARD REQUEST FORM

**NOTE:** There is no charge for additional or replacement Benefits Cards with Surency. All Benefits Cards are issued with the same card number and in the name of the participant. Alternatively, you can order replacement Benefits Cards at Surency.com through your Member Account.

## Accountholder Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee ID

## Signature

I certify that I am the Accountholder or an individual authorized to execute this transaction. I have read and understand the instructions and any rules or conditions relating to this transaction. I assume full responsibility for this transaction and will not hold Surency or HealthcareBank liable for any adverse consequences that may result. I have not received tax or legal advice from Surency or HealthcareBank and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by Surency and/or HealthcareBank. **I authorize the issuance of 2 additional Benefits Cards.**

\_\_\_\_\_  
Signature of Accountholder

\_\_\_\_\_  
Date

**Return completed form back to Surency at email: [flex@surency.com](mailto:flex@surency.com) - fax: 316-272-4841  
or mail: P.O. Box 789773, Wichita, KS 67278-9773  
866-818-8805 | [Surency.com](http://Surency.com)**