

**Public Employees Health Program, FLEX\$**  
 560 East 200 South, Suite 100, Salt Lake City, Utah 84102-2004  
 801-366-7503 TOLL FREE 800-753-7703  
 FAX 801-366-7772 TOLL FREE 800-759-8772

**Replacement/Additional FLEX\$ Card  
 Order Form**

<b>SECTION 1 - EMPLOYEE INFORMATION</b>		
EMPLOYEE NAME (last, first, middle initial)	ID#	<b>PLAN YEAR:</b>
HOME ADDRESS	CITY/STATE/ZIP	DAYTIME PHONE

<b>SECTION 2 – CARD REQUEST REASON</b>	
<input type="checkbox"/> Spouse Card (Please complete Section 3) *One additional card is provided at no cost.	<input type="checkbox"/> Dependent child Card (Please complete Section 3)
<input type="checkbox"/> Replacement Card A \$10.00 fee will be charged to your FLEX\$ account for each replacement card.  Was original card lost or stolen? Yes / No	

If more than one additional card is needed, a separate form is required for each request.

\* Section 3 **MUST** be completed in order to receive an additional card for your spouse or dependent.

<b>Section 3 - Spouse / Dependent Information</b>		
NAME (last, first, middle initial)	SSN:	<b>Date of Birth</b>
MAILING ADDRESS	CITY/STATE/ZIP	DAYTIME PHONE

I certify that any expenses paid, using the administrator issued Flex Spending Card, will be for eligible medical expenses for myself, my spouse and/or my eligible dependents and that such expenses have not and will not be reimbursed under any other Flexible Spending Plan, insurance plan or claimed as a deduction on a tax return.

EMPLOYEE SIGNATURE	DATE	PEHP APPROVAL
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**Unsigned forms will not be processed.**