

Spouse/Dependent Benefits Debit Card Request Form

Employer Name: _____

Employee Name: _____ Last 4 SSN: _____

Mailing Address: _____

Phone: _____ E-Mail: _____

Card Requests

Dependent Name: _____

Mailing Address: _____

Dependent Name: _____

Mailing Address: _____

Dependent Name: _____

Mailing Address: _____

- The Benefits Debit Card is an optional form of reimbursement. It is offered in addition to other forms of reimbursement and is not intended to replace said forms of reimbursement.
- Only one Benefits Debit Card may be issued to a cardholder at any time. If a card is lost or stolen, please contact your Plan administrator immediately.
- Some transactions may require further information for substantiation. In this case, you will be contacted to provide said information.
- When swiping your Benefits Debit Card at a merchant or provider, you have the option of selecting "Credit" or "Debit." The debit option requires the entry of the personal identification number (PIN) associated with the card. This can be found by logging into your WealthCare Portal account and clicking on the Debit Card tab.

I hereby state that the above information is accurate to the best of my knowledge. I certify that the Benefits Debit Card will only be used to purchase eligible expenses as defined in the Internal Revenue Code and in accordance with the Plan Adoption Agreement. I also certify I will not seek reimbursement from any other source for expenses paid with the Benefits Debit Card.

Employee Signature: _____ Date: _____

Mail: 6939 Sunrise Blvd., Ste. 250, Citrus Heights, CA 95610

Phone: (866) 446-1072

Fax: (916) 221-5040

E-Mail: transactions@tdsplans.org