



ADDITIONAL DEBIT CARD REQUEST

PARTICIPANT INFORMATION (to be completed by participant)

Participant Name					
Employer Name					
Employee Number/ID					
Street				Apt #	
City		State		ZIP	
Email Address			Telephone #		

ADDITIONAL CARD HOLDER INFORMATION

First Name		Middle Initial	
Last Name			
Date of Birth			

I certify that:

- I authorize the Additional Card Holder listed above to receive a TASC Card tied to my TASC account.
- The Additional Card Holder is my spouse or dependent and is at least 18 years of age.
- Use of the Card will comply with the terms and conditions of the cardholder agreement received with the Card.
- All expenses charged on the Card will qualify as reimbursable per IRS rules, will be incurred only for me or my eligible dependents, and will not be reimbursed and are not reimbursable through any other means, including my or my dependent's insurance Plans.
- I will keep all receipts and other documentation related to expenses charged on the Card. Upon request, within forty-five (45) days, I will fax, mail, or upload the required documentation of expenses to TASC.
- If TASC determines that an expense charged on the Card was not a qualified expense under the Plan or according to IRS rules, I shall immediately reimburse the Plan for the entire amount of the unqualified expense.
- If I fail to timely reimburse the Plan, I understand that amounts maybe withheld from my wages or from an otherwise valid expense under this Plan in order to reimburse the unqualified expense.
- I understand additional Cards issued to my spouse or dependent(s) will provide the named individual with access to my TASC account. I accept all responsibility for Card transactions incurred by the named individual and will submit supporting documentation, as requested, for those transactions.
- I acknowledge and agree that use of the Card in violation of this enrollment agreement or the Cardholder agreement may result in the invalidation and forfeiture of the Card.

Signature _____ Date _____

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

Please fax or mail completed forms to:

Total Administrative Services Corporation (TASC) • PO Box 7511 • Madison, WI 53707-7511
Phone: 844-786-3947 • Fax: 877-231-1287