



**CBA Blue**

An independent licensee of the Blue Cross and Blue Shield Association.

## Additional Benefit Card Request

### Employee Information

First & Last Name	
Social Security Number	- - -

### Additional Benefit Card Request For

First & Last Name	
Mailing Address (If different than participant)	
Social Security Number	- - -

*\*By signing this application, you are agreeing that the additional person you have listed above will have access to the full elected amount of your FSA contributions.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Mailing Address**  
CBA Blue  
PO Box 2365  
South Burlington, VT 05407-2365  
**Phone:** (888) - 222-9206  
**Fax:** (802) -864-8115