



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

Electronic Submission

<https://secure.cbabluevt.com/>