

## Additional Debit Card Request Form

Complete and submit this form if requesting an additional card for your spouse or any dependents.

If requesting a replacement card for yourself, spouse or dependents, please contact us at 866-451-3399 or [customerservice@discoverybenefits.com](mailto:customerservice@discoverybenefits.com) and we would be happy to assist you. Please note that issued cards are valid for three years.

**IMPORTANT:** If you would like us to provide your spouse and/or dependent(s) with specific information regarding your account when they contact us, you will also need to complete and submit an Authorized Representative Form.

\*= Required Fields

### Step 1: Participant Information

\*Participant Name (First, MI, Last)

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\*Social Security Number

\*Employer Name (Do not abbreviate)

\*Employee ID

Updates or changes to your information can be made by logging into your account at [www.discoverybenefits.com](http://www.discoverybenefits.com).

### Step 2: Additional Card Information

Please complete the following information for each additional card request.

#### Spouse Information

\* Spouse Name (First, MI, Last)

\*Birth Date (mm/dd/yyyy)

Mailing Address

City

State

Zip

#### Dependent(s) Information

\*Dependent Name (First, MI, Last)

\*Birth Date (mm/dd/yyyy)

Mailing Address

City

State

Zip

\*Dependent Name (First, MI, Last)

\*Birth Date (mm/dd/yyyy)

Mailing Address

City

State

Zip

### Step 3: Participant Authorization

I hereby certify the information provided on this form is accurate. I understand a fee may be deducted from my Discovery Benefits account for any additional or replacement cards and that specific information regarding the fees can be obtained by contacting Discovery Benefits via their toll-free number or email. Further, I understand I am only able to request cards for dependents over the age of 18.

\*Participant Signature

\*Date

