

This form authorizes a secondary FSA debit card to be issued to your FSA account. **NOTE:** Any person issued an FSA debit card must read the Cardholder Agreement issued with the card to keep the account in compliance with IRS guidelines.

Cards will be mailed to the employee's address on record within 7-10 business days of receipt of form.

All fields are required. Incomplete forms cannot be processed.

Section I: PLAN PARTICIPANT INFORMATION. Please print legibly.	
Full Name <i>as it appears on your FSA debit card</i>	
Social Security No.	
CAMPUS (Please check one): <input type="checkbox"/> ASMSA <input type="checkbox"/> CES <input type="checkbox"/> UAF <input type="checkbox"/> UACCB <input type="checkbox"/> UALR <input type="checkbox"/> UAM <input type="checkbox"/> UAMS <input type="checkbox"/> UAPB <input type="checkbox"/> WRI <input type="checkbox"/> PCCUA <input type="checkbox"/> Other: _____	

SECTION II. SECONDARY CARDHOLDER INFORMATION (MUST BE 18 YEARS OF AGE OR OLDER)	
Full Name	
Social Security No.	Date of Birth (MM/DD/YYYY)
Relationship to Plan Participant	Full time Student <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III. AUTHORIZATION AND SIGNATURE	
I authorize QualChoice to issue a secondary debit card to the individual listed in Section II. I agree they will be bound by the terms of my employer's Plan and the terms and conditions of the Cardholder Agreement provided with the card. I understand that this agreement is only for eligible services and expenses providing during the Plan Year. I also acknowledge that I may be required to provide documentation after the purchase to substantiate that the card was used for qualified expenses under the plan.	
Plan Participant Signature	Date Signed
X	

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FAX OR MAIL FORM TO:

QualChoice
 ATTN: FSA Dept
 PO Box 25610
 Little Rock, AR 72221
 F: 501.707.6845
 P: 501.219.5133 or 866.724.3570