



▶ **Additional Debit Card Request Form**

Employer Name: _____

Participant Name (First, MI, Last): _____

Social Security Number: _____ - _____ - _____

Address: _____

City, ST, ZIP: _____

Date of Birth: _____/_____/_____ Phone Number (_____) _____

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Additional Debit Card Request Terms:

- Debit Cards are valid for up to three years.
- Only existing participants in a Lifetime Benefit Solutions Debit Card program can request replacement or additional cards.
- Debit Cards are issued in sets of two and are issued in the name of the participant only.
- If either of the two originally issued Debit Cards were lost or stolen, both Cards must be cancelled prior to requesting replacement cards by calling Customer Service at (800) 327-7130.
- Delivery of the Debit Card will take approximately 10 business days following the receipt and processing of your request.

Participant Authorization

By submitting this form to Lifetime Benefit Solutions, I certify that only valid dependents as claimed on my federal tax return or as defined in my employers Plan document will use the card..

Participant Signature: _____ Date: _____

- **Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 680, Liverpool, NY 13088 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.