

# Additional Debit Card Request Form



Complete and remit 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 3 years.

## Step 1: Participant Information

\*=Required Fields

\*Employer Name (Do not abbreviate)

\*Employee ID

\*Participant Name (First, MI, Last)

 -  - 

\*Social Security Number

 -  - 

\*Day Telephone

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

\*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 logging into my account at [www.discoverybenefits.com](http://www.discoverybenefits.com) or 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

For office use only: