

Return completed form to Freida in HR

FSA “The Clear Card” Request Form

Employer Name: _____

Employer Group#: _____

Remember: You will receive two cards in the mail along with important information on using the cards when you first sign up for FSA with Paragon Benefits. The employee's name will appear on the front of both cards. Your eligible dependents should sign the back of the other card before using it.



To order a second set of cards or replacement cards, please complete this form and return to Paragon Benefits. Please note there is a \$5.00 replacement fee per each set of cards after the first original set. Your FSA account is debited the \$5.00 replacement fee. This form will be processed upon receipt. You should receive your replacement cards in approximately 7 -14 business days from the date that Paragon Benefits receives this form.

Employee Name: _____

SS#: _____

Home Address: _____

E-Mail Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

I would like to request additional set of replacement cards

List of Eligible Dependents

Name: _____ Birth Date: ____/____/____ Relationship: _____

Name: _____ Birth Date: ____/____/____ Relationship: _____

Name: _____ Birth Date: ____/____/____ Relationship: _____

Name: _____ Birth Date: ____/____/____ Relationship: _____

Note: Individuals listed under eligible dependents have authorization to discuss any information regarding the employee's FSA account.

Employee's Signature: _____

Date: _____

