



Our Family, Dedicated to Yours.™

Mail to: American Fidelity Assurance Company
AWD/Flex Account Administration
P.O. Box 268887
Oklahoma City, OK 73126-8887
Phone Number: 1-800-437-1011

REQUEST FOR SECOND DEBIT CARD

Please issue a second debit card for my spouse or eligible dependent named below (only one additional debit card can be issued per participant):

Last Name First Name Middle Initial

RULES OF PARTICIPATION FOR HEATH FLEXIBLE SPENDING ACCOUNT

I understand that

- I must keep all receipts and provide them to American Fidelity Assurance Company, as requested.
The Debit Card may only be used at qualified medical providers.
If the medical provider does not accept the Debit Card I will need to pay the expense and submit the claim for reimbursement to American Fidelity Assurance Company manually, by mail or fax.
If I do not respond to American Fidelity's request for receipts in a timely manner, access to my Debit Card will be blocked and I will need to pay back the amount of the expense either by check or money order.
If I use the card to pay for an ineligible expense, I will be required to pay back the amount of the expense when requested by American Fidelity Assurance Company, by either check or money order.
If I do not pay back the plan in a timely manner when requested to do so, my employer will be notified. My employer may make an after-tax deduction from my paycheck or adjust my W-2 at the end of the tax year to make this correction.
If the expense is greater than the amount available on the card, the card swipe will be denied.

SIGNATURE

Please include a check/money order in the amount of \$10.00, payable to American Fidelity Assurance Company along with this completed and signed form.

Employer Name:

Employee Name (please print):

Employee Social Security Number:

Employee Signature: Date: