



Request Form for Additional Debit Cards

Employer: _____ Date: _____

Employee Name: _____ SSN: _____

Employee E-mail: _____

I am requesting that the following debit card(s) be issued to my eligible dependent(s). All transactions associated with my account will be my responsibility to substantiate, if requested by Nyhart. If a transaction is not successfully substantiated within the specified timeframe, then all cards issued for my account will be temporarily deactivated.

The cost for each additional card is \$5.00 per card, payable prior to the issuance of the card. Make check or money order (no cash) payable to Nyhart.

If there are any updates to be made to my mailing* or e-mail address, it is my responsibility to notify Nyhart as soon as possible.

1st Additional Card

Name: _____ SSN: _____

2nd Additional Card

Name: _____ SSN: _____

3rd Additional Card

Name: _____ SSN: _____

***Please verify mailing address for additional card request**

Street: _____

City: _____ State: _____ Zip: _____

Mail to: Nyhart Flex Department
8415 Allison Pointe Boulevard, Suite 300
Indianapolis, IN 46250-4205

For Nyhart Use Only
Amount Enclosed: _____ Date Card Ordered: _____