



**Benefit Strategies, LLC
Spousal Debit Card Request Form**

Participant Social Security Number _____ - _____ - _____

Spouse's Name _____
Last First Middle Initial

Spouse's Social Security Number _____ - _____ - _____

Spouse's Date of Birth ____/____/____

Spouse's Address (if different from Participant)

By signing below, I agree that the information provided above is correct, authorizing Benefit Strategies, LLC to provide an additional debit card to my spouse.

Participant Signature _____

Date ____/____/____

Please fax or mail the completed form back to:

**Benefit Strategies, LLC
P.O. Box 3910
Manchester, NH 03105-3910
Fax: (401) 457-7266 Toll Free Fax: (800) 796-4971
Customer Service: (800) 371-7542**