Pro-Flex Administrators

Benefit Card Request Form

Pro-Flex Benefit Cards can be ordered online using the Employee Portal available at www.proflextpa.com.

Upon logging in, navigate to the **Accounts** tab, select **Profile**, then **Banking/Cards.**

Otherwise, please complete the below request and return to Pro-Flex Administrators.

**Participant Information**

 *\*=Required Fields*

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| --- | --- | --- |
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 *\*Employer Name (Do not abbreviate) Department*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | *-* |  |  | *-* |  |  |  |  |

 *\*Participant Name (First, MI, Last) \*Social Security Number*

|  |  |  |
| --- | --- | --- |
|  |  |  |

 *\*Participant Mailing Address 􀂅 Check here if change of address Email Address (If provided, all notifications will be sent via email)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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 *\*City \*State \*Zip*

**Cards arrive in sets of two cards per order.**

 I am placing this order because (select one):

* My card(s) have been lost or stolen and need a new card number. I am aware that placing this request will deactivate ALL of the cards currently associated with my account. A $5.00 fee will apply and will be deducted from my current account balance.
* I need additional card(s) for my spouse and or dependents. I am aware that a $5.00 fee will apply and will be deducted from my current account balance.

Optional:

* I need two additional sets of two cards, a total of four cards. I am aware that a $5.00 fee will apply to each set of cards that I am requesting.

**Authorization**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return completed form to:**

Pro-Flex Administrators, LLC

8321 Main Street

 Williamsville, NY 14221

Email: CSR@proflextpa.com

Fax: 716-929-2013 or

toll free 1-855-214-8987

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