

125 Cafeteria Plan Debit Card/Direct Deposit

(Please complete this form and return it to
your Human Resources Department)



1 Personal Information

Employee Name (First Name, Last Name)

Company Name

Street Address

City

State

Zip Code

Social Security Number (Required)

Employee Phone Number

Date of Birth (Required)

Date of Hire (Required)

Email Address (Required for ACH claim
payment notification)

2 Debit Card (Health Care Expenses Only)

Would you like a Debit Card? Yes No

There is an \$18 per year fee for use of the Debit Card.

You will receive 2 debit cards, one for you and one for your spouse or dependent.

3 Employee Signature

I hereby authorize the appropriate payroll reductions as my contribution(s) to the Cafeteria Plan until changed by me in writing. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the insurance premiums of the benefits I have selected. I will only use the Flexible Spending Account (including the use of a Debit Card) for eligible expenses under the plan, and understand I will be responsible to pay for any transactions not allowed by the plan. In addition, I authorize the release of medical and account information to my spouse (if applicable).

Employee Signature

Date

4 Direct Deposit Request

Checking Account
 Savings Account

Your Financial Institution

Financial Institution Address

Account Number

Routing Number

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature

Date