

FSA "The Clear Card" Request Form

Remember: You will receive two cards in the mail along with important information on using the cards when you first sign up for FSA with Paragon Benefits. The employee's name will appear on the front of both cards. Your eligible dependents should sign the back of the other card before using it.



To order a second set of cards or replacement cards, please complete this form and return to Paragon Benefits. Please note there is a \$5.00 replacement fee per each set of cards after the first original set. Your FSA account is debited the \$5.00 replacement fee. This form will be processed upon receipt. You should receive your replacements cards in approximately 7 -14 business days from the date that Paragon Benefits receives this form.

Employer Name: _____ Employer Group#: _____
Employee Name: _____ SS#: _____
Home Address: _____ E-Mail Address: _____
City: _____ State: _____ Zip: _____ Telephone #: _____

I would like to request additional set of replacement cards

List of Eligible Dependents

Name: _____ Birth Date: ____/____/____ Relationship: _____
Name: _____ Birth Date: ____/____/____ Relationship: _____
Name: _____ Birth Date: ____/____/____ Relationship: _____
Name: _____ Birth Date: ____/____/____ Relationship: _____

Note: Individuals listed under eligible dependents have authorization to discuss any information regarding the employee's FSA account.

Employee's Signature: _____ Date: _____

