

**Request for
SHDR Benefit Access VISA® Debit Card**

Mail, Fax or email to: Stanley, Hunt, DuPree & Rhine
P.O. Box 6400
Greenville, S.C. 29606
Attention: Flexible Spending Department

Fax: 1-252-293-9048 or 1-252-293-9049

Email: shdrflexclaims@shdr.com

New Mexico State University

Employee's Name (printed)

Social Security Number

Address

City/State/Zip Code

Day Time Phone

Email address

Date

Signature

Please check box for applicable action requested.

I would like a SHDR Benefit Access Visa® Debit Card. I understand there is an annual 10.00 fee for this card to be deducted directly from my FSA plan at the beginning of each plan year. *Two cards will be issued in my name for use by me and my dependents.*

I would like a replacement or additional Benefit Access Card. *The replacement or additional card fee is \$5.00 and will be deducted from my Flexible Spending Account.*