

DEBIT CARD REQUEST

DATE:

TO: Tri-Star Systems
ATTN: Claims Dept.
14323 South Outer 40 Road, Suite 200 South
Chesterfield, MO 63017-5734

FAX NUMBER: (800) 818-0829

FROM: Name:
Address:
City: State: Zip:

RE: REQUEST TO ORDER ADDITIONAL/REPLACEMENT DEBIT CARDS *

Please check one of the options below:

I lost/misplaced my debit cards. Please cancel all outstanding cards and reissue replacement card(s). Number of cards needed:

I authorize Tri-Star Systems to order me additional Benny Debit Cards. Number of additional cards needed:

I understand that my annual balance will be reduced by an amount equal to \$10 per card requested.

By completing, signing, and returning this form I certify the information contained herein is correct.

Signature

Social Security Number or Account Number

*Note: These cards will be issued in the name of the employee, but can be used by any of the employee's dependents.

FOR TRI-STAR USE ONLY:

Card Order Date: _____/_____/_____

By: _____