



Benefit Planning Consultants, Inc.

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Request Form For Additional Flex Medical Card

(If you currently have a Flex Medical Card you do not need to complete this form again)

PLEASE PRINT:

Name of Plan Participant: _____

Participant SSN: _____ Participant's Phone Number _____

Employer's Name: _____

Additional Flex Medical Cards may be ordered for spouse or dependent(s) over age 18.

1) Name: _____ **Date of Birth:** _____
(Card name will be issued exactly as printed here)

SSN: _____ Relationship: _____

2) Name: _____ **Date of Birth:** _____
(Card name will be issued exactly as printed here)

SSN: _____ Relationship: _____

3) Name: _____ **Date of Birth:** _____
(Card name will be issued exactly as printed here)

SSN: _____ Relationship: _____

**Please return this form to the Employer Plan Administrator or fax to:
Benefit Planning Consultants, Inc. • 217-239-4499 or 800-295-2990**