



Limited Use Prepaid Debit Card  
Use for Participant and Dependent Card Requests

Employer Name: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please note: Email address is required and will be used for debit card and other participant notifications.**

The benefit card(s) are to be used for eligible expenses as indicated in my employer's Plan Documents. I further understand that I am solely responsible for the validity of the charges and **I am to retain all originals or copies of all documents of which charges appear on the debit card.** I also certify that none of these expenses have been reimbursed through any health plan. I understand that should these expenses be reimbursed to me by other health coverage or if the charges are deemed to be unreimbursable, I shall return the monies paid to me by this plan and will be credited to my account.

General communications regarding my account and any requests for the substantiation of charges will be done via email. Requests for the substantiation of charges that are not answered/validated may result in card suspension.

Debit cards are good for three (3) years from issue date and may take up to fourteen (14) days for order fulfillment. The participant is responsible for reporting lost, stolen or damaged card and will result in an automatically deducted \$5 fee. Participant can assign a second debit card for a spouse or dependent who is at least 18 years of age at no charge. I understand the information below **must contain my spouse and/or dependent information. Funds will automatically be reloaded and any fees due as described in your employer's plan document or enrollment form will be automatically applied each plan year unless you terminate your debit card subscription.**

PG Blue participants receive individually named debit cards while PG Plus participant cards come in 2 card sets with the participant name on all cards. Each card is usable by the signer on the back of each card. If PIN numbers are wanted, please follow the instructions included with the debit card packet.

☐ Spouse or ☐ Dependent Name: \_\_\_\_\_ (No Fee/Included)

Additional Requested Dependent Card(s):

*(PG Blue \$5 fee per dependent named card, PG Plus \$5 fee per set of 2 participant named cards)*

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

I would like to request the Prepaid Benefits Debit Card and will abide by the rules as described above. **I further understand that I am solely responsible for the validity of the charges and I am to retain all originals or copies of all documents of which charges appear on the debit card. I understand that my employer does reserve the right to withhold these amounts from my pay.**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_