



MAIL OR FAX TO: REIMBURSEMENT ACCOUNT  
P.O. BOX 1140  
EXETER, NH 03833-1140  
**Fax: 1- 603-773-4415**  
Electronic submission:  
<https://secure.ebpabenefits.com>

## The New School

### ADDITIONAL EBPA BENEFITS CARD REQUEST FORM

#### Employee Information:

NAME	SOCIAL SECURITY NUMBER
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#### Additional Card Requested for: Your Legal Spouse or your Dependent as defined by the IRS

NAME	SOCIAL SECURITY NUMBER
ADDRESS (IF DIFFERENT THAN PARTICIPANT)	ADDRESS (CITY, STATE, ZIP CODE)

**By signing this application you are agreeing that the additional person listed will have access to the full elected amount of your FSA contributions.**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**