



## Additional Card Request

**Note:** Cards issued are valid for a period of 3 years from the date issued. If you already have cards, you do not need to request new cards.

### PERSONAL INFORMATION

<b>Company Name:</b>		<b>Social Security:</b>
<b>Employee Name:</b>		<b>Phone:</b>
<b>Address:</b>	<b>City, State, Zip Code:</b>	
<b>Email:</b>		<input type="checkbox"/> Please check if this is a new address

### ADDITIONAL CARDS

An additional card should be issued to the following person authorized to use Flexible Benefit accounts:

<b>Name:</b>
<b>Social Security Number:</b>
<b>Relationship:</b>

Participant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Send your completed form to:

CATAPULT  
Attn: FSA Services  
Fax: 704-944-6076  
E-mail: [benefits@letscatapult.org](mailto:benefits@letscatapult.org)

[CLICK HERE](#) To send this form through our secure site.