

**** IMPORTANT NOTICE ****

Use the following form to order additional cards for your family members or replacement cards for lost or non-delivered cards. If your employer has a form specific to your plan available on their intranet site, you should use that form, not this one. *Replacement cards should be received within 10 business days.*

Outstanding Requests for Card Substantiation:

*Do **not** request replacement cards if your card has been suspended due to missing requested provider documentation. You must clear the needed documentation, by faxing it to Tri-Star, and your **existing** card will be reactivated.*

Address Updates:

*Do **not** request replacement cards if your address has changed and has not yet been updated with your employer. Your employer must update your address and report this to us, updating our records, before we can accept your request for replacement or additional cards.*

Fee for Additional/Replacement Cards:

Keep your cards until the expiration date on the card. The card company charges a \$5 replacement fee to issue new cards.

Important Reminders About Card Retention:

- Keep the card even if you have used the balance available on the card. The election for the next Plan Year (and all future Plan Years until the card expires) will be loaded onto this same card at the start of each Plan Year.
- Keep the card if you do not participate in the FSA for one or more Plan Years. If you enroll for a future year, before the expiration date on the card, the available balance will be loaded onto this same card in that new Plan Year.

Card Use, Additional Information:

For more specifics on where and how the card works, including requirements on medical service documentation, view the document available at the following link:

http://www.tri-starsystems.com/site/participant/Forms/Debit_Card_Info.pdf



DEBIT CARD REQUEST

FROM: Name:

Important! Enter name as it appears on your current debit card or Tri-Star account.

*Address:

City/State/Zip:

*** Your address must be updated with your employer before completing & submitting this form.**

ACCOUNT IDENTIFIER: Provide *one* of the following (check one):

Social Security Number, OR

Tri-Star Account Number, OR

Request ID

(printed on the bottom of any debit card substantiation request for documentation you have received)

ADDITIONAL OR REPLACEMENT DEBIT CARDS : Please check *one* of the options below after reading the following **Important Notes:**

* Cards are issued in sets of two, issued in the name of the employee, but can be used by any of the employee's dependents.

*If your card is suspended due to outstanding documentation requests, any new cards issued will also be in a suspended status. **Please provide all required documentation before submitting this form.**

Please **cancel all outstanding cards** and issue card(s) with a different number. I no longer have the originally issued card(s) in my possession.

OR

Please **order me additional FSA** Debit Cards. I have my card(s) in my possession and need additional cards for other qualified family members.

SIGNATURE/AUTHORIZATION: I understand that my annual balance will be reduced by \$5 for each set of two cards requested. By completing, signing, and returning this form I certify the information contained herein is correct.

Signature

Date

RETURN TO: Tri-Star Systems
ATTN: Claims Dept.
16253 Swingley Ridge Road, Suite 210
Chesterfield, MO 63017

OR

FAX NUMBER: **1.800.818.0829**

FOR TRI-STAR USE ONLY:

Card Order Date: ____/____/____ By: _____