



ADDITIONAL MBI CARD REQUEST
University of Maine System

Employee Information

Name: _____

Social Security Number: _____ - ____ - _____

Additional Card Requested For:

Full Name: _____

Mailing address: _____
(if different than participant)

Social Security Number: _____ - ____ - _____

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

Employee Signature

Date

Mailing Address: P O Box 1140, Exeter NH 03833

Fax number 603.773.4415