PEHP
Health & Benefits

560 East 200 South, Salt Lake City, UT 84102
801-366-7503 / 800-753-7703 | **FAX:** 801-366-7772 / **Toll-free FAX:** 800-759-8772

PEHP FLEX$/HRA

Replacement/Additional Card Order Form

SECTION 1 - EMPLOYEE INFORMATION		
EMPLOYEE NAME (last, first, middle initial)	ID#	**PLAN YEAR:**
HOME ADDRESS	CITY/STATE/ZIP	DAYTIME PHONE

SECTION 2 - CARD REQUEST REASON

☐ Spouse Card
(Please complete Section 3)

☐ Dependent child Card
(Please complete Section 3)

☐ Replacement Card

Was the original lost or stolen? Yes/No

Name change, correction, or spelling error

☐ Employee

☐ Spouse

☐ Old name _____

☐ New Name _____

If more than one additional card is needed, a separate form is required for each request.

* Section 3 Must be completed in order to receive an additional card for your spouse or dependent.

Section 3 - Spouse / Dependent Information		
Name (last, first , middle initial)	SSN:	**DATE OF BIRTH**
MAILING ADDRESS CITY/STATE/ZIP		DAYTIME PHONE

I, undersigned, hereby certify that the expenses paid, using the administrator issued FLEX$/HRA Mastercard, will be for Qualified Health Care Expenses within the Plan Year for myself, my spouse and/or my legal dependents. I also certify that such expenses have not and will not be claimed for reimbursement under any other tax-favored health plan, insurance plan or claimed as a deduction on a tax return.

Sign Here →

Employee signature	DATE	PEHP APPROVAL

Unsigned forms will not be processed