HRA/FSA

Dependent/Spouse Debit Card Request Form

You can also submit requests for additional debit cards by logging in to **member.cdphp.com**.

Employer:

Subscriber Name: Subscriber ID #:

Email:

Please issue a debit card to my spouse/dependent over age 18 listed below who qualifies as my spouse or federal tax dependent for health coverage purposes and is covered under the plan. I understand that it is my responsibility to maintain all records necessary to substantiate the eligibility of all items/services purchased with the debit card by my spouse/dependent and that my spouse/dependent may use the debit card only for eligible expenditures that are not reimbursed from any other source.

Dependent Name:

Address:

City: State: ZIP:

Date of Birth:

Relationship: ☐ Spouse ☐ Other

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I accept responsibility that all debit card transactions of my above-listed spouse/dependent are for expenditures incurred within the plan year. Each time the debit card is presented for payment, the signed receipt will evidence that the expense has been incurred and reaffirm that it is a qualified expenditure that has not been reimbursed, nor will any reimbursement be sought from any other source. Upon request, I will immediately submit any required documentation and/or transaction detail. I understand that if the debit card is used for purchases other than qualified expenditures, I have violated this agreement and my obligations under my employer's plan. I understand that, upon notification, I must immediately repay the expense to the account and that my debit card(s) may be immediately suspended or revoked for such failure to comply.

Subscriber's Signature Date

Request a new debit card online by logging in to member.cdphp.com, or return this form via mail or fax to:
CDPHP Health Funding Department 6 Wellness Way • Latham, NY 12110 • Fax: (518) 641-3502

Discrimination is Against the Law
Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services
ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。