

# HRA/FSA

# Dependent/Spouse Debit Card Request Form

You can submit requests for additional debit cards online by going to [www.cdphp.com](http://www.cdphp.com) and logging into the secure member site.

Employer Name: \_\_\_\_\_

Subscriber Name: *(Please print)* First MI Last \_\_\_\_\_

Subscriber ID #: \_\_\_\_\_

Subscriber Email Address: \_\_\_\_\_

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: First MI Last \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City State Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship:  Spouse  Other Sex:  Male  Female

## SUBSCRIBER

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form via mail or fax to:  
CDPHP Membership and Billing Dept.  
500 Patroon Creek Blvd.  
Albany NY 12206-1057  
Fax: (518) 641-4008

