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DEBIT CARD ENROLLMENT FORM

*Submit this form to your Employer for debit card enrollment.

Employer Signature:			Date:		
	COMPANY AUTHOR	IZATION			
As a security measure your cathrow it away with the junk i		n white envelope	e. Please be ca	reful not to	
Spouse Signature:			Date:		
Employee Signature:			Date:		
 I may only use the card I may not use the card f I may not seek reimburs I will acquire and provided I have been provided an 	Cardholder Use Acknow to pay for eligible medical for expenses already reimbusement under any other hea de documentation for expenses a explanation of the fees as	•	penses paid wi the card. ne debit card.	th the card.	
Birth Date					
Name	SSN	-			
Spouse Information (comple	ete only if your employer allo	ows spouse cards	3)		
Email Address►					
Birth Date	Male	Female	☐ Married	☐ Single	
Address	City		State Zip		
Name	SSN				
Employer					
Personal Information					