

Request for Replacement Or Additional Benefit Access VISA[®] Debit Cards

Mail, Fax or email to: McGriff Flexible Benefit Services
P.O. Box 6400
Greenville, S.C. 29606
Attention: Flexible Spending Department

Fax: 1-252-293-9048 or 1-252-293-9049

Email: flexclaims@mcgriffinsurance.com

Name Of Employer	
Employee's Name (printed)	Social Security Number
Address	City/State/Zip Code
Day Time Phone	Email address
Date	Signature

Please check box for applicable action requested.

Lost / Stolen Card Request:
I would like to request a replacement for a lost or stolen Benefit Access Card. *The replacement card fee is \$5.00 and will be deducted from your Flexible Spending Account.*

Additional Cards Request:
I would like to request additional Benefit Access Cards. (2) additional cards will be issued in the account holder's name. *The additional card request fee is \$5.00 and will be deducted from your Flexible Spending Account.*