

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

University of New Mexico

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.*