



Electronic Submission:

<https://secure.ebpabenefits.com>

FAX: 1-603-773-4415

MAIL TO: EBPA REIMBURSEMENT ACCOUNTS

37 INDUSTRIAL DRIVE

EXETER, NH 03833

Northeastern University

ADDITIONAL EBPA BENEFITS CARD REQUEST FORM

Employee Information:

EMPLOYER	
EMPLOYEE NAME	SOCIAL SECURITY NUMBER

Additional Card Requested For: Your Legal Spouse or your Dependent

NAME	SOCIAL SECURITY NUMBER
ADDRESS (IF DIFFERENT THAN PARTICIPANT)	ADDRESS (CITY, STATE, ZIP CODE)

By signing this application you are agreeing that the additional person listed will have access to the full elected amount of your FSA contributions.

Employee Signature

Date