



Additional Benefit Card Request

If you would like to request an Additional Benefit Card, please complete this form and email it to flex@goigoe.com. Please be advised that your Plan Sponsor may not have elected to provide additional benefits card. If this is the case, we will contact you using the email address listed below.

Card requests are processed within 3 business days of receipt. Cards generally arrive at the address provided within 10 business days. Card will be in a plain, white envelope – so please check your mail thoroughly to ensure that you do not unintentionally throw away your new card. Replacement card fees may be assessed.

Primary Account Holder Information

Employer Name:

Primary Account Holder Name:

Address:

Email Address:

Provide Name to Appear on the Additional Benefit Card:

Relationship to Primary Account Holder:

Provide Mailing Address (if left blank, the Benefit Card will be mailed to the Address listed above:

Please be advised by completing and submitting this form, you are verifying that the additional card holder is over the age of 18 and is a legal tax dependent.

Signature and date:

Questions? Contact Us
flex@goigoe.com
800-633-8818, option 1