Additional Benefits Card Request

If you would like to request an Additional Benefits Card, we recommend that you do so using your Igoe Mobile or Participant Portal account. For information on how to do this, you can reference our online resources and download our How-To guide. If you prefer to use this form, please be advised that personally identifiable information is required and that you are fully responsible for the secure transition of this information. You may securely transmit this form via email to [flex@goigoe.com](mailto:flex@goigoe.com) or mail it using the contact information listed on our website. Please be advised that your Plan Sponsor may not have elected to provide additional Benefits Cards. 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: Click or tap here to enter text.

Primary Account Holder Name: Click or tap here to enter text.

Primary Account Holder SSN or Employee ID: Click or tap here to enter text.

Provide Name to Appear on the Additional Benefit Card: Click or tap here to enter text.

Relationship to Primary Account Holder: Click or tap here to enter text.

Additional Benefits Cardholder SSN: Click or tap here to enter text.

Provide Mailing Address: Click or tap here to enter text.

Provide Email Address: Click or tap here to enter text.

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

Signature and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_