



PLAN INFORMATION

Employer Name: _____

ACCOUNT HOLDER INFORMATION

First Name _____ MI _____ Last Name _____

Social Security Number _____ Daytime Phone Number _____ Email Address¹ _____

¹ **Email:** By providing your email address, you agree to receive Employee Benefit Plan correspondence electronically. WageWorks, formerly PBS does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@pbs.us.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your email address by contacting the WageWorks Customer Service Department or by visiting our website at www.pbs.us.com. WageWorks reserves the right to utilize an email address that may be provided to us by your employer.

DEPENDENT INFORMATION

Dependent must be 18 years or older to be eligible to receive a card. Cards will only be mailed to the Account Holder's address.

Relationship to Employee: Spouse Dependent Child

Dependent First Name _____ Dependent Last Name _____

Dependent Social Security Number _____ Dependent Date of Birth _____ Dependent Gender _____

ACCOUNT HOLDER AUTHORIZATION

By providing dependent information and signing the Request for Additional Benefits Cards Form you authorize and understand that one additional Card will be issued under your eligible spending account. Use of the card will directly affect your account balance. You are fully responsible to ensure that your dependent complies with the rules and regulations regarding the use of the card as outlined in the cardholder agreement to which you agree to be bound. As the Account Holder, you are responsible for providing receipts for your dependent's card transactions when requested by WageWorks. Failure to provide receipts for card transactions when requested will cause the suspension of *all* cards attached to the account regardless of which card was originally used.

Account Holder Signature _____ Date _____