



# Benny™ Card Replacement Card Request Form

Please fill out, sign and return this form via fax or mail to:

Caba, Inc.  
Attn: Flex Department  
2601 N. W. Expressway, Suite 1000-W  
Oklahoma City, OK 73112  
or  
Fax: (405) 858-7343

- Replacement cards are issued in sets of two. There is a \$5.00 fee for each set. The fee will be deducted from the participant's Flexible Spending Account balance.
- Cards will take approximately 7 to 10 days to arrive at the employee's home after they are issued.

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee SS#: \_\_\_\_\_

Employee Address: \_\_\_\_\_  
Address including City, State and Zip Code

Daytime telephone number where you can be reached: \_\_\_\_\_

Please give a brief description of what happened to the card (lost, stolen, etc.):

\_\_\_\_\_

Please provide the date this happened: \_\_\_\_\_

I give my authorization to close my original cards and issue new cards. I understand that if I find my original cards after they have been closed I will not be able to use the cards and will have to wait for the new cards to arrive.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_