

Authorization Form



This form provides authorization to another contact for disclosure of your account information. As the account holder, please complete this form and submit it to Flex.

Account Holder (name and information of person whose information is being disclosed)

Name _____ Date of Birth _____
Street Address _____ City _____ State _____ Zip Code _____
Employer Name (if applicable) _____
Type of Plan (i.e. Insurance Policy, FSA, HRA, HSA) _____
Policy/Account Number (if applicable) _____ Last 4 digits of Social Security Number _____

Authorized Contact: (Name of person you are authorizing.)

Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip Code _____
Relationship to Account Holder _____ Last 4 digits of Social Security Number _____
Date of Birth _____

Right to Revoke: I understand that I may revoke this authorization at any time by giving written notice to the address listed at the end of this form.

Signature: (this document must be signed by the Account Holder, parent of minor child or the Account Holder's personal representative)

I understand that this authorization is voluntary and that Flexible Benefit Service LLC cannot condition my eligibility for benefits, treatment, enrollment or payment of claims on the signing of this authorization. I understand that if I am signing on behalf of a minor child, this authorization will expire upon the child reaching the age of 18, unless there is proof of legal guardianship.

Account Holder Signature _____ **Date** _____

If you are signing as a Power of Attorney, Legal Guardian, Executor or Administrator complete the following and attach a copy of the Legal documents.

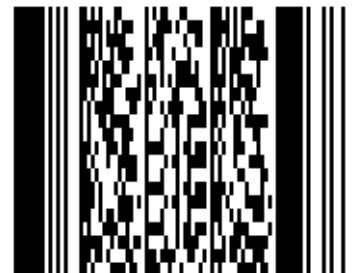
Personal Representative's Name _____ Phone Number _____
Street Address _____ City _____ State _____ Zip Code _____
Relationship to Account Holder _____

Before returning you should keep a copy for your records by either:

- (1) Make a photocopy of this signed authorization
- (2) Complete and sign a duplicate authorization form

Please contact us at **(888) 345-7990** with any questions.

You can return a copy of the authorization form by mail.



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