



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: _____