

# Additional Debit Card Request

Rocky Mountain Reserve



**Name:** ..... **Employer:** .....  
**Email Address:** .....  
**Address:** .....  
**Phone Number:** ..... **SSN:** ..... **Plan Year:** .....

PO Box 631458 Littleton, CO 80163  
P: (888) 722-1223 F: (866) 557-0109  
claims@rmrbenefits.com  
www.RockyMountainReserve.com



**I wish to request additional Rocky Mountain Reserve FSA/HSA Account Debit Cards for the following dependents:**

Name	SSN	Relationship	Date of Birth

**I understand that additional Debit Card(s) can only be issued to the above named individual(s) who are either my legal spouse or tax dependents.**

**As the Account owner, I understand am personally responsible for the proper use of these cards and may be required to justify the card expenditures as requested by Rocky Mountain Reserve.**



Employee Signature

Date