



SPOUSAL CARD REQUEST FORM

PLAN INFORMATION

Employer Name: _____

EMPLOYEE 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. Planned Benefit Systems, Inc. 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@cci-pbs.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the PBS, Inc. Customer Service Department or by visiting our website at www.cci-pbs.com. Select *Planned Benefit Systems*, then *Account Information* under the Participants section and then log in under Employee and Cardholder Login. PBS, Inc. reserves the right to utilize an email address that may be provided to us by your employer.

SPOUSE INFORMATION

Please list legal spouse, as defined by IRC §152, to whom a PBS Benefits Card should be issued.

Spouse First Name Spouse MI Spouse Last Name

Spouse Social Security Number

EMPLOYEE AUTHORIZATION

By providing spousal information and signing the Spousal Card Request Form you authorize and understand that one additional PBS Benefits Card will be issued under your eligible spending account. A card will only be issued to a legal spouse as defined by IRC §152. Use of the card will directly affect your account balance. You are fully responsible to ensure that your spouse 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.

Employee Signature Date

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