



## REIMBURSEMENT BENEFIT PLAN Dependent Card Order Form

Please use this form if you would like to order a Mangrove Benefits Card for a spouse or qualified adult dependent. The Dependent card will be linked to and transactions drawn from your current Reimbursement Benefit Plan elections. Upon receipt of your request, the Dependent Card will be processed within 5-7 business days. Please allow up to an additional 14 days for card delivery to your address of record.

<b>EMPLOYEE NAME</b>	
<b>EMPLOYEE ID # or SSN</b>	
<b>DEPENDENT NAME</b>	
<b>DEPENDENT ID # or SSN</b>	

---

Employee Signature

---

Date

**Note:**

As the primary participant, it is your responsibility to ensure your spouse or dependent is educated as to eligible expenses in your plan and how the Mangrove Benefits Card is used. For additional information, please refer to your Cardholder Agreement and the Welcome Package materials issued to you at the start of your plan.

**RETURN THIS COMPLETED FORM TO:  
MANGROVE EMPLOYER SERVICES  
1501 S. CHURCH AVE. TAMPA, FL 33629  
FAX: 813-387-3150  
EMAIL: FSACLAIMS@EMANGROVE.COM**