

FLEXIBLE SPENDING PLAN (FSA) DEBIT CARD REQUEST FORM

Please type or print clearly with ballpoint pen.

The fields in the shaded areas below are required. If any shaded field is blank, the FSA Debit Card will not be issued.

CAMPUS:	SOCIAL SECURITY NUMBER:	FULL NAME (LAST, FIRST, MIDDLE)		
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
DAYTIME PHONE:	HOME PHONE:	E-MAIL ADDRESS:		DATE OF BIRTH:

CSU HEALTH PLAN ENROLLMENT:

I AM ENROLLED IN THE FOLLOWING CALPERS HEALTH PLAN:

- ' ANTHEM HMO (SELECT, TRADITIONAL ANTHEM PPO (DEL NORTE ONLY)
- ' BLUE SHIELD ACCESS+ HMO ' WESTERN HEALTH ADVANTAGE
- ' HEALTH NET HMO (SALUD Y MAS, SMARTCARE, SHARP HMO
- ' KAISER PERMANENTE HMO AU4D0 0 9.4 HMO NA AU4DU TJ /C2_1 1 0 0 0 Tw 1 0 0 0 1 0 0 1 4.24 552.72 1m 192>T

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