



## DEBIT CARD REQUEST FORM

- If a debit card is requested, crossover is no longer available.
- For employer groups, debit cards may only be used to access accounts authorized by your employer for debit card use.
- There is no charge for a debit card.

Participant's Information	
Employer: _____	
Participant's Legal Name: _____	
Participant's Birth Date: _____	Participant's Spending Account ID# or SSN#: _____
<b>If you want a second card:</b>	
Dependent's Legal Name: _____	Dependent's Birth Date: _____
Signature	
<b>I certify that such expenses will not be eligible for benefit payment by any other insurance carrier and that such expenses will not be manually submitted by me to this or any other reimbursement account when I use my debit card. I understand that any debit card transaction using funds other than HSA may be subject to proof of purchase documentation upon request by Further. Failure to respond will result in cancellation of the debit card and I must reimburse the plan with after-tax dollars. I also understand that by requesting a debit card for my dependents, I am authorizing them to have access to information regarding their specific debit card transactions.</b>	
Participant Signature: _____	Date: _____
Print Name: _____	
Your debit card(s) will be mailed to the account holder address on file at Further.	

This debit card is administered through Further. The Debit Card should only to be used to pay for eligible expenses as determined by the IRS. The expense must be medically necessary and meet the eligible expense requirements for reimbursement. It cannot be used to get cash from an ATM or a vendor where a PIN number is required. The card only can be used at merchants that accept VISA. Use of the Debit Card does not remove any of the IRS claim substantiation requirements. Save your receipts as they may be needed if the IRS requests documentation to verify that the funds in your account were used for qualified medical expenses. If you are not part of an employer group, the debit card can only be used to access funds from an HSA account.

**Save time: submit this information online.** Questions? Call Member Services at 1-800-859-2144.

**Submit online:**

Log into your account at  
hellofurther.com

**Send via secured email only:**

further.documents@hellofurther.com

**Fax to:**

866-231-0214

**Mail to:**

P.O. Box 64193  
St. Paul, MN 55164-0193