

Additional Debit Card Request Form

Complete and submit this form if requesting an additional card for your spouse or any dependents.

If requesting a replacement card for yourself, spouse or dependents, please contact us at 866-451-3399 or customerservice@discoverybenefits.com and we would be happy to assist you. Please note that issued cards are valid for three years.

IMPORTANT: If you would like us to provide your spouse and/or dependent(s) with specific information regarding your account when they contact us, you will also need to complete and submit an Authorized Representative Form.

*= Required Fields

Step 1: Participant Information

*Participant Name (First, MI, Last)

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*Social Security Number

*Employer Name (Do not abbreviate)

*Employee ID

Updates or changes to your information can be made by logging into your account at www.discoverybenefits.com.

Step 2: Additional Card Information

Please complete the following information for each additional card request.

Spouse Information

* Spouse Name (First, MI, Last)

*Birth Date (mm/dd/yyyy)

Mailing Address

City

State

Zip

Dependent(s) Information

*Dependent Name (First, MI, Last)

*Birth Date (mm/dd/yyyy)

Mailing Address

City

State

Zip

*Dependent Name (First, MI, Last)

*Birth Date (mm/dd/yyyy)

Mailing Address

City

State

Zip

Step 3: Participant Authorization

I hereby certify the information provided on this form is accurate. I understand I am only able to request cards for dependents over the age of 18.

*Participant Signature

*Date

