

## ADDITIONAL CARD REQUEST

To order a replacement card for yourself (if your card has been lost or stolen) or to request an additional Flex Convenience card for one of your eligible dependents (ages 18 or over), please complete this form and return it to MGIS. The form will be processed upon receipt. You should receive your card approximately 7–10 business days from the date MGIS receives this form.

Return form via mail or fax to:

**Medical Group Insurance Services, Inc.**  
PO Box 16110  
Salt Lake City, UT 84116-0110  
Fax: 801.990.2401

### EMPLOYEE INFORMATION

EMPLOYEE NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP

EMPLOYEE SOCIAL SECURITY NUMBER \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EMPLOYER NAME \_\_\_\_\_

### REQUEST

I WOULD LIKE TO REQUEST A REPLACEMENT CARD FOR MYSELF

I WOULD LIKE TO REQUEST AN ADDITIONAL CARD FOR THE FOLLOWING INDIVIDUAL(S):

*ADDITIONAL CARDHOLDER*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOC. SEC # \_\_\_\_\_

*ADDITIONAL CARDHOLDER*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOC. SEC # \_\_\_\_\_

X \_\_\_\_\_  
EMPLOYEE SIGNATURE DATE