



## Dependent Card Request Form

**Instructions:**

Please fill out, sign and return this form via fax @ 860-295-0340 or via email with a scanned signature to the following email: **eebenereim@diversifiedgb.com**. If you have problems or questions, please call 1-800-423-5573.

Employee Name: \_\_\_\_\_

Employee SSN: \_\_\_\_\_

Employer Name: **Research Foundation For Mental Hygiene, Inc.**

Dependent Name: \_\_\_\_\_

Dependent SSN or Member ID #: \_\_\_\_\_

Dependent Date of Birth: \_\_\_\_\_

Is this dependent a spouse?  Yes  No

If no, please state relationship with Dependent:

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A **\$1.00** charge for each additional card you request in excess of two cards will be deducted from your Account.