

ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
FLEXIBLE BENEFITS PLAN
Authorization to receive “Take Care” Debit Card

I request to receive the “Take Care” debit card for use with my Healthcare Reimbursement Spending Account through our company’s Flexible Benefits Plan. I understand that the fee for this card is **\$12.00 annually**.

I also understand that this fee will be deducted from my Healthcare Reimbursement Spending Account at the very beginning of our new plan year which begins **1-1-2019**. I may also request additional cards if needed at no additional charge.

Employee Name (please print)

Employee Signature

Names of additional card holders if needed:
