

# Spouse/Dependent MBI Benefits Card Request & Authorization

I hereby authorize Leggette Actuaries, Inc. to issue an MBI Benefits Card to my spouse (or dependent if applicable). I understand this will give my spouse/dependent full access of my Flexible Benefits Reimbursement Account. I, the employee, will be responsible for all purchases made on the card, verification of purchases and also repayment for any unauthorized purchases.

DEPENDENT NAME: \_\_\_\_\_

DEPENDENT SOC SEC #: \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

RELATIONSHIP TO EMPLOYEE: \_\_\_\_\_

The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to claims which is provided by the cardholders, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

EMPLOYEE NAME: \_\_\_\_\_ SOC SEC# \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return to:



**Flex Department**  
4131 N. Central Expressway, Suite 1100  
Dallas, TX 75204  
Fax (214) 443-0606 or [Flex@Leggette.com](mailto:Flex@Leggette.com)