

FlexFit Debit Card Request Form

Dear Member,

Thank you for choosing Independent Health's FlexFit!

When you are ready to take advantage of the unique benefits associated with your FlexFit option, we ask that you complete and return this *Debit Card Request Form*. Once this form is received, a debit card will be issued to you by mail. Upon receipt of your debit card, you can immediately begin using your debit card at the registered locations offering services associated with your FlexFit option.

For the most up-to-date list of registered locations, log on to www.independenthealth.com, or call for more information. If you have any questions, please feel free to call our member services department at (716) 631-8701 or 1-800-501-3439, Monday – Friday, 8 a.m. – 8 p.m.

FlexFit Debit Card Request Form

Please complete the information below where indicated:

Subscriber Name

Address _____ City _____ State _____ Zip
Code _____

ID Number (refer to member ID card)

Upon completion of this form, please mail to:

Independent Health
Attn: Enrollment
511 Farber Lakes Drive
Buffalo, NY 14221

Once we receive your request form, your debit card(s) will be issued within 7 – 10 business days.