



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: 866.969.4446

EMPLOYEE INFORMATION			
EMPLOYEE NAME _____			
ADDRESS _____			
STREET			
CITY		STATE	ZIP
EMPLOYEE SOCIAL SECURITY NUMBER _____			
DAYTIME PHONE _____		EMPLOYER NAME _____	

REQUEST	
<input type="checkbox"/>	I WOULD LIKE TO REQUEST A REPLACEMENT CARD FOR MYSELF
<input type="checkbox"/>	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