

## Request to Receive Additional MBI Flex Convenience Card

Company Name: \_\_\_\_\_

Employee's Name: \_\_\_\_\_  
(Last) (First)

Employee's Social Security #: \_\_\_\_\_

Employee's Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

1) Please forward me one additional card due to the following reason:

- Spouse (please complete section 2)
- Child in school (please complete section 2)
  - Date of Birth: \_\_\_\_\_
- Replacement Card
  - Was original card lost or stolen? Yes / No

If more than one additional card is needed, a separate form is required for each request.

2) The following information MUST be completed in order to receive an additional card for your spouse or dependent:

Name: \_\_\_\_\_  
(Last) (First)

Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please fax your completed form to (716) 855-7117**

or mail to:  
FLEX DEPARTMENT  
P&A ADMINISTRATIVE SERVICES  
17 COURT STREET, SUITE 500  
BUFFALO NY 14202-3204