

UNIVERSITY OF NEW MEXICO



STANLEY, HUNT, DUPREE & RHINE, INC.
Benefit Consultants

A subsidiary of BB&T

REQUESTS FOR SHDR Benefit Access Visa® Debit Card

P.O. Box 6400
Greenville, S.C. 29606
Attention: Flexible Spending Department

Employees Name (printed)

Employee Signature

Social Security Number

Street Address

Date

City/State/Zip Code

I would like a SHDR Benefit Access Visa® Debit Card

I would like to purchase a SHDR Benefit Access Visa® Debit Card for my *eligible dependents* listed below:

	Name of Dependent	Relationship To Participant	Gender <i>M-Male F-Female</i>	Social Security of Dependent	Dependent's Address <i>if different from employee</i>
1					
2					
3					
4					
5					

I would like to request a replacement of a lost SHDR Benefit Access Visa® Debit Card:

Name of Participant	Social Security	Address

Number of cards requested: _____ @ \$10.00 each Amount Enclosed: \$ _____

Make check payable to:
Stanley, Hunt, DuPree & Rhine, Inc.
P.O. Box 6400
Greenville, S.C. 29606
Attention: Flexible Spending Department