

**Request for Replacement Or Additional  
SHDR Benefit Access VISA<sup>®</sup> Debit Cards**

Mail, Fax or email to: Stanley, Hunt, DuPree & Rhine  
P.O. Box 6400  
Greenville, S.C. 29606  
Attention: Flexible Spending Department

Fax: 1-252-293-9048 or 1-252-293-9049

Email: [shdrflexclaims@shdr.com](mailto:shdrflexclaims@shdr.com)

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Name Of Employer	
Employee's Name (printed)	Social Security Number
Address	City/State/Zip Code
Day Time Phone	Email address
Date	Signature

Please check box for applicable action requested.

**Lost / Stolen Card Request:**

I would like to request a replacement for a lost or stolen Benefit Access Card. *The replacement card fee is \$5.00 and will be deducted from your Flexible Spending Account.*

**Additional Cards Request:**

I would like to request additional Benefit Access Cards. (2) additional cards will be issued in the account holder's name. *The additional card request fee is \$5.00 and will be deducted from your Flexible Spending Account.*