



Dependent Card Request Form

Instructions:

Please fill out, sign and return this form via fax @ (860) 673-2207.

The charge for each additional Benny dependent card is \$5.00, which will be automatically deducted from your account. If you have problems or questions, please call 1-877-732-8125.

Employee Name: _____

Employee SSN: _____

Employer Name: _____

Dependent Name: _____

Dependent Date of Birth: _____

Is this dependent a spouse? Yes No

If no, please state relationship with Dependent:

Employee Signature: _____

Date: _____

Best way to reach you: Tel: _____ Email: _____