

Health ExtrasSM Card Request Form

If you are a member of a large group plan (Employer has > 100 employees) which includes this benefit and you need to request a new Health Extras card, we ask that you complete and return this request form. Once this form is received by Independent Health, a \$250 prepaid MasterCard® will be issued to you by mail. Upon receipt of your card, you can immediately begin using it at the registered locations offering services associated with your Health Extras benefit. For the most up-to-date list of registered locations, visit independenthealth.com/healthextraslist.

Note: If you are a member of a small group plan offered through an employer, or you are a member of an Individual plan offered through the New York State of Health Marketplace which includes this benefit, log in or register to create an online member account and follow the online Health Extras registration process that automatically appears on-screen, guiding you through the Health Extras enrollment process to obtain your Health Extras card by mail.

Need a replacement Health Extras card? Whether you are a member of a large group, small group or individual plan, this form may also be used to request a replacement Health Extras card.

If you have any questions, please feel free to call Member Services at (716) 631-8701 or 1-800-501-3439, Monday – Friday, 8 a.m. – 8 p.m.

Health Extras Card Request Form

Please complete the information below where indicated:

Subscriber Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

ID Number (refer to member ID card): _____

Upon completion of this form, please mail to:

Independent Health
Attn: FSA Administration
P.O. Box 9066
Buffalo, NY 14231

Once we receive your request form, your Health Extras card(s) will be issued within 7–10 business days.

