



# CPNFLEX

## DEPENDENT SETUP REQUEST

Only one (1) card can be added at initial setup. Any additional dependent(s)/card(s) can be done on the participant's Consumer Portal. Cards can only be issued for those 18 years, or older.

**Note: This form is also used for adding Dependents for the Dependent Care Spending Account. This will allow the employee to submit Dependent Care Claims from their personal Consumer Portal. \*\*\*Cards are not issued for the Dependent Care Spending Account.**

**Employer Name of Employee:** \_\_\_\_\_

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

**Employee's SSN:** \_\_\_\_\_

**Dependent Name (Last, First):** \_\_\_\_\_

**Dependent SSN:** \_\_\_\_\_

**Dependent Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female

**Full Time Student:**  Yes  No

**Relationship (Indicate if they are Spouse or Dependent):** \_\_\_\_\_

Submission to CPN:

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