



TML Intergovernmental Employee Benefits Pool  
PO Box 140167  
Austin, Texas 78714-0167  
Fax: (512) 719-6505



## EMPLOYEE REQUEST FOR DEPENDENT DEBIT CARD(S)

Additional debit cards may be requested for your IRS eligible spouse (if you are filing a joint tax return) and/or your IRS eligible dependents age 18 and older.

Employer Name <b>City of San Marcos</b>	Employer Group # <b>ASANMAR1</b>			
Employee Name	Unique Identification Number			
Street Address	City	State	Zip Code	<input type="checkbox"/> Check here if new address

**Spouse Debit Card Request**

Spouse Full Name	
Spouse SSN	Spouse Date of Birth

**Dependent Debit Card Request**

Dependent Full Name	
Dependent SSN	Dependent Date of Birth

**Additional Dependent Card Request**

Additional Dependent Full Name	
Additional Dependent SSN	Additional Dependent Date of Birth

Employee Signature

Date

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