

Fax or mail this completed form to P&A Group

Toll-free fax: (877) 855-7105

Mailing address: 17 Court Street, Suite 500
Buffalo, NY 14202

Company Name:	
Employee Last Name	Employee First Name
Employee Social Security Number	Employee Phone Number ()
Employee Mailing Address	Employee E-mail Address

Please forward me an additional card due to the following reason:

ADDITIONAL CARD REQUESTED

- Spouse (must complete bottom section below)
- Child in school (must complete bottom section below)
Date of Birth: ___ / ___ / ___

REPLACEMENT CARD REQUESTED

- Employee
 - Spouse
 - Dependent
- Was the original card lost or stolen? Yes / No

SPOUSE/DEPENDENT INFORMATION

The following spouse/dependent information must be completed in order to receive an additional card for your spouse or dependent.

Spouse/Dependent Last Name	Spouse/Dependent First Name
Spouse/Dependent Social Security Number	Spouse/Dependent Mailing Address