



BAY COUNTY LIBRARY SYSTEM
DEBIT CARD CHANGE/REQUEST FORM

TO: Debit Card Team
COMPANY: EHIM
EMPLOYEE NAME:
EMPLOYEE PHONE NUMBER:
DEBIT CARD FAX NUMBER: (248) 204-6350
DEBIT CARD PHONE NUMBER: (248) 204-6363
EMPLOYEE DATE OF BIRTH:
EMPLOYEE BCBS CONTRACT NUMBER:

INSTRUCTIONS:

- 1. Complete and sign this form
2. Fax or mail this form to EHIM

EHIM ID #

The employee is requesting that a Debit Card be issued to them.

The employee is requesting that a Debit Card be issued to the following dependent(s) contract who are over 18 years of age (minors cannot be issued a card):

Dependent's full name Date of birth
Dependent's full name Date of birth

The employee is requesting that the existing copay benefit card(s) be terminated for the following persons:

Benefit cardholder name Termination Date
Benefit cardholder name Termination Date

Important! Please read and sign below:

I am requesting the above change on behalf of the employee. I am acknowledging by my signature that the Bay County Library System Debit Card Agreement has been signed by the employee.

Signature of Bay County Library System Representative Date

Upon receipt of this request, new or added cards will be mailed to the subscriber's home address in approximately 3-4 weeks. Terminations will take effect within one business day after this form is received.

Privacy Statement: The information on this form is legally privileged and confidential information intended for the use of the individual(s) named above.

This confidential information is owned by EHIM. It is protected by agreement(s) and/or laws that require the recipient to keep it confidential.