

Mail to:
ASIFlex
P.O. Box 6044
Columbia, MO 65205
(800) 659-3035



FSA Email Notification
Authorization Form

Fax to:
ASIFlex
(877) 879-9038
No Cover Page Required

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Name of Employer: _____

Employee Name: _____

Employee Social Security Number: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

I wish to receive notifications of Flexible Spending Account activity electronically, and authorize ASIFlex to use the email address listed above for this purpose.

Signature _____ **Date** _____

***If you wish to receive email notification when payment for claims is being generated, please sign up for direct deposit **and** email notification. You can find the direct deposit/email notification form online at www.asiflex.com.*