



SABC FlexCard Company Set-Up

Company Information

Company Name

Your Name

Address

City

State

ZIP Code

E-mail

Phone

Card Options

Program Type

RX Only

FSA

Open Card

HRA

Card Embossing

Plan Year Begin Date

Plan Year End Date

Group Health Plan Name

Group Health Plan Number

Co-Pays

Office Visit

Specialists

Emergency
Room

Other

Add Additional Co-Pays if necessary

SOUTHERN ADMINISTRATORS AND BENEFITS CONSULTANTS, INC.
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