



NEW HAMPSHIRE

Local Government Center

New Hampshire Municipal Association
Workers' Compensation Trust
Property-Liability Trust
HealthTrust

FLEXIBLE BENEFITS PLAN

SUPPLY ORDER FORM

GROUP NAME: _____

NAME OF REQUESTOR: _____

ADDRESS: _____

PHONE: _____

Qty	Form/Brochure Name
	Healthcare Flexible Spending Account brochure
	Dependent Care Reimbursement Account brochure
	Flexible Spending Account Direct Deposit Authorization Form
	Flexible Spending Account Debit Card brochure
	Flexible Spending Account Debit Card FAQs
	Healthcare Flexible Spending Account / Dependent Care Reimbursement Account Reimbursement Form
	Healthcare Flexible Spending Account List of Eligible/Ineligible Expenses
	Flexible Benefits Plan-Enrollment Form (customized)
	Flexible Spending Account Administration brochure
	Flexible Benefits Plan Change-in-Status Form

Please mail/fax form to:

Supply Orders
NH Local Government Center
PO Box 617
Concord, NH 03302-0617
Fax: 603.226.2988

If you have any questions, please contact us at 800.852.3358 or e-mail us at supplyorders@nhlgc.org.