



BASIC FLEX
Additional Debit Card
Request Form

COMPLETE THIS FORM AND
 MAIL OR FAX TO:

9246 PORTAGE INDUSTRIAL DR.
 PORTAGE, MI 49024
 P 800-444-1922 ext 3
 F 800-658-7248

sales@basiconline.com

Please type or print all information.

PARTICIPANT INFORMATION

Company name: _____
 Employee/participant name _____
 Last 4 digits of Social Security #: _____
 Employee Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

REQUEST ADDITIONAL DEBIT CARD(S)

Up to 4 additional cards can be issued to individual family members 18 years and older

- 1) Name: _____ Social Security #: _____
 Date of Birth: _____
- 2) Name: _____ Social Security #: _____
 Date of Birth: _____
- 3) Name: _____ Social Security #: _____
 Date of Birth: _____
- 4) Name: _____ Social Security #: _____
 Date of Birth: _____

CERTIFICATION

I certify the information on this form is accurate, complete, and true. I also certify that I will claim reimbursement/ use debit card for only eligible expenses incurred during the plan year and only for the eligible plan participants. I certify that these expenses have not been or will not be reimbursed under this or any other benefit plan. I further certify I will not claim these or any other expenses reimbursed through this plan, as an income tax deduction. I assume all liability for taxes and penalties out of any disallowed deduction/credit. I understand I can be reimbursed/use debit card only for qualified expenses incurred during the plan year.

SIGNATURE

Employee Signature: _____
 Date: _____