



Additional Debit Card Request Form

COMPLETE THIS FORM AND MAIL OR SCAN & UPLOAD TO:

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

upload.basiconline.com

Select FSA from the line of service drop down

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: