

Please type or print all information. **BASIC FLEX** PARTICIPANT INFORMATION Additional Debit Card Company name: **Request Form** Employee/participant name COMPLETE THIS FORM AND MAIL OR FAX TO: Last 4 digits of Social Security #: Employee Address: 9246 PORTAGE INDUSTRIAL DR. PORTAGE, MI 49024 City: State: P 800-444-1922 ext 3 F 800-658-7248 Phone: Email:

sales@basiconline.com

REQUEST ADDITIONAL DEBIT CARD(S) Up to 4 additional cards can be issued to individual family members 18 years and older

Zip:

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: