



BASIC HRA

Debit Card Refund Form

COMPLETE THIS FORM AND
MAIL TO

BASIC DEBIT CARD REFUND
9246 PORTAGE INDUSTRIAL DR.
PORTAGE, MI 49024

P 800-444-1922 ext 472
P 269-488-6785
F 800-731-1922

Please type or print all information

PARTICIPANT INFORMATION

Employer name:

Participant Name:

Last 4 digits of social security number:

INSTRUCTIONS FOR REFUND

- Complete one form for each refund
- Attach the store/provider receipt (if available)
- Make check payable to your EMPLOYER for the refund amount
- Mail the form and check to BASIC
- BASIC will credit your account for the ineligible or undocumented purchase
- Suspended cards will be reactivated within 5 days of receiving refund
- Balance, card status & pending receipts may be viewed at www.basiconline.com

REASON FOR REFUND

Lost receipt

Complete purchase was ineligible

Partial purchase was ineligible

REFUND INFORMATION

Date of purchase:

Store/Provider name:

Total amount of original purchase:

Refund amount:

ADDITIONAL COMMENTS

SIGNATURE

Employee Signature:

Date: