



**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](http://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**

[Empty box for additional comments]

**SIGNATURE**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_