



# Debit Card Substantiation Form



**Company Name**

**Plan Year:**

<b>Employee First Name</b>	<b>Employee Last Name</b>
<b>Employee ID No.</b>	<b>Daytime Phone #</b>
<b>Home Address</b> <input type="checkbox"/> Check here if new address	
<b>E-Mail Address</b> <input type="checkbox"/> Check here if new address	

Debit Card Purchases			
Date of Debit Card Transaction	Provider/Vendor	Recurring Expense?	Amount
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Debit Card receipt substantiation may be submitted by one of the following methods:	
<b>Fax:</b> 410.771.5533 888.510.4218	<b>Fax Instructions:</b> Make a copy of the receipt and fax a completed Debit Card Substantiation Form to HFS Benefits.
<b>E-Mail:</b> debitcard@hfsbenefits.com	<b>E-Mail Instructions:</b> Scan a completed Debit Card Substantiation Form and receipt and e-mail to HFS Benefits.
<b>Mail:</b> HFS Benefits Debit Card Compliance P.O. Box 1550 Hunt Valley, Maryland 21030-1550	<b>Mail Instructions:</b> Mail a completed copy of the Debit Card Substantiation Form and receipt to HFS Benefits

**Reminders:**

- ✓ Make copies of the personalized Debit Card Substantiation Form.
- ✓ Credit Card receipts cannot be accepted as receipts.
- ✓ Receipts from the provider must show description of the purchase and a date of service.
- ✓ Do not use a highlighter on the submission. (appears black on a fax)
- ✓ Do not send original receipts. Copies of all receipts should be on 8.5" x 11" paper.

Ineligible Expenses
If you have knowingly purchased ineligible items with your Flex Debit Card, please mail a check payable to your Employer for the amount of the ineligible expenses. This amount will be credited back to your account for future use.
<b>Mail Checks to:</b> HFS Benefits Debit Card Compliance P.O. Box 1550 Hunt Valley, Maryland 21030-1550