



Debit Card Substantiation Form



Company Name

Plan Year:

Employee First Name	Employee Last Name
Employee ID No.	Daytime Phone #
Home Address <input type="checkbox"/> Check here if new address	
E-Mail Address <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:	
Fax: 410.771.5533 888.510.4218	Fax Instructions: Make a copy of the receipt and fax a completed Debit Card Substantiation Form to HFS Benefits.
E-Mail: debitcard@hfsbenefits.com	E-Mail Instructions: Scan a completed Debit Card Substantiation Form and receipt and e-mail to HFS Benefits.
Mail: HFS Benefits Debit Card Compliance P.O. Box 1550 Hunt Valley, Maryland 21030-1550	Mail Instructions: 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.
Mail Checks to: HFS Benefits Debit Card Compliance P.O. Box 1550 Hunt Valley, Maryland 21030-1550