



Health Economics Group, Inc. BENNY™ PREPAID BENEFITS CARD SUBSTANTIATION FORM

EmployER Name: _____

Plan Year: _____ **thru** _____

EMPLOYEE FIRST NAME	EMPLOYEE LAST NAME
HOME ADDRESS <input type="checkbox"/> Check here if new address	
E-MAIL ADDRESS <input type="checkbox"/> Check here if new address	

DATE OF DEBIT CARD TRANSACTION	PROVIDER/VENDOR	AMOUNT

DEBIT CARD RECEIPT SUBSTANTIATION MAY BE SUBMITTED ONE OF THE FOLLOWING METHODS:	
Fax: 585.241.9518	Fax Instructions: Make a copy of the receipt(s) and fax a completed substantiation form to Health Economics Group.
E-Mail: flex@heginc.com	E-Mail Instructions: Scan a completed substantiation form and receipt(s) and e-mail to Health Economics Group.
Mail: Health Economics Group 1050-A University Avenue Rochester, NY 14607 Attn: Flex Dept	Mail Instructions: Mail a completed copy of the substantiation form and the receipt(s) to Health Economics Group.

Reminders:

- ✓ Make copies of the completed 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 form or receipts. (Highlighter appears black on a fax)
- ✓ Do not send original receipts. Please send Copies of all receipts. Keep original receipts for your records.

INELIGIBLE EXPENSES
<p>If you have knowingly purchased ineligible items with your Benny™ Prepaid Benefits 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.</p> <p>Mail Checks to: Health Economics Group Debit Card Substantiation 1050-A University Avenue Rochester, NY 14607</p>