



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

**EmployER Name:** \_\_\_\_\_

**Plan Year:** \_\_\_\_\_ **thru** \_\_\_\_\_

<b>EMPLOYEE FIRST NAME</b>	<b>EMPLOYEE LAST NAME</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	

DATE OF DEBIT CARD TRANSACTION	PROVIDER/VENDOR	AMOUNT

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

<b>INELIGIBLE EXPENSES</b>
<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><b>Mail Checks to:</b> Health Economics Group Debit Card Substantiation 1050-A University Avenue Rochester, NY 14607</p>