



Debit Card Substantiation Form



Wicomico County Public Schools/BOE

Plan Year: 9.01.09 - 8.31.10

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	

This form is to be used to send receipts to verify that pending charges to your Flex Debit card are for eligible expenses. Please note, many of your Flex Debit card charges will automatically be approved by HFS Benefits. Please visit our website, www.hfsbenefits.com, to view the status of your Flex Debit card charges or call our customer service center at 888.460.8005 option 2.

Debit Card Purchases		
Date of Debit Card Transaction	Provider/Vendor	Amount

Substitute Receipt(s)	
<input type="checkbox"/>	Please use the attached substitute receipt(s) for eligible expenses of equal or greater value to satisfy the above transaction. Receipt(s) will only be applied up to the amount of the transaction. Any excess will not be reimbursed or applied to future transactions.

Debit Card receipt substantiation may be submitted by one of the following methods:	
E-Mail: debitcard@hfsbenefits.com	E-Mail Instructions: Scan a completed Debit Card Substantiation Form and receipt and e-mail to HFS Benefits.
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.
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

PLEASE READ CAREFULLY:

- ✓ Itemize all expenses on this form. List the date of the Flex Card charge, the providers name and the amount of each charge. Please use additional sheets if necessary. Do not indicate ' See attached' or 'Various' in any field.
- ✓ Attach proof of expense (invoice, statement, EOB, etc.) in the order you have them listed above.
- ✓ Statements, invoices or EOBS (if required by the Plan) must include the date, type and amount of service/product purchased
- ✓ Circle the date of the service and the amount of the charge on each receipt. DO NOT highlight on the documentation
- ✓ Credit Card receipts cannot be accepted as receipts.
- ✓ If faxing, DO NOT include a fax cover sheet.
- ✓ If you have inadvertently used your MBI card for an ineligible purchase, please submit a check, payable to your employer for the amount of the transaction. Once we receive the check we will approve the charge and credit the monies back into your account for future use.

Remember

- ✓ All charges to your Flex Debit card will be applied to the Plan Year in which the card was swiped. Therefore, do NOT use your Flex Debit Card to pay for expenses incurred outside the current plan year and/or outside a period of coverage. Please note the INCURRED date is the day the service was rendered or the date the item was delivered, not necessarily the date of payment.

Please return this completed form via Fax, Mail or Email to HFS Benefits

Fax:
888.510.4218

Mail:
PO Box 1550
Hunt Valley, MD
21030-1550

Flex Debit Card Email:
debitcard@hfsbenefits.com