the Taben Group
Flex Administration in cooperation with Surency life and health

TabenFlex
RECEIPT AND SUBSTANTIATION FORM

This form is intended to substantiate purchases made with your Benny Card®. Requests for reimbursement of out-of-pocket expenses need to be submitted on a Claim Form.

*=Required Fields

Participant Information

______________________________ *Employer Name

______________________________ Employee ID

______________________________ *Employee Name (First, MI, Last)

______________________________ *Social Security Number

Claim Information

Claim Number	Offsetting?	Date of Transaction	Provider Name	Claim Amount	Recurring?
	Yes No				Yes No
	Yes No				Yes No
	Yes No				Yes No
	Yes No				Yes No
	Yes No				Yes No
	Yes No				Yes No

Participant Certification

Please use the attached documentation to substantiate the referenced purchases made with my Benny Card®. I understand that charges not substantiated or approved within 45 days of the date of transaction will cause my Benny Card® privileges to be temporarily suspended until I am able to substantiate the transaction or have reimbursed the plan for the purchase. I understand that even if my card privileges are suspended, I can still be reimbursed for out-of-pocket expenses by completing and submitting eligible claims with a completed Claim Form.

*Participant Signature ________________________________ *Date ____________________

Return form to: The Taben Group
C/O Surency Life & Health
PO Box 789773
Wichita, KS 67278-9773
www.taben.com
Customer Service: 855.826.8692
Fax: 316-462-3392

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RECEIPT AND SUBSTANTIATION FORM

Form Completion Guide

Participant Information

Please write legibly. Missing information may delay the processing of your claim.

Reimbursement Information

Claim Number: Please provide the claim number associated with your Benny Card® purchase.
Offsetting?: If you are unable to locate documentation for the purchase made with your Benny Card® and are submitting offsetting documentation,
please circle "yes" and mark the offsetting documentation with "Offset". If you are not, please circle "no".
Date of Transaction: Provide the date of transaction.
Claim Amount: Provide the total dollar amount of the Benefits Card transaction regardless if documentation has been previously submitted and approved/denied.
Recurring?: If the charge is the exact same dollar amount to the exact same provider please circle "yes" to prevent future requests for documentation. If it is not, please circle "no".

Participant Certification

Sign and date the form after reading the Participant Certification.

Medical Reimbursement Account Documentation/Substantiation Guidelines

Attach a copy of your insurance company's Explanation of Benefits (may be required for HRA accounts) or copies of an itemized receipt if there is no insurance coverage. Documentation from the provider must include the date and type of service, name of service provider and your final responsibility for services or products purchases/incurred.

Please Note: Credit card receipts or receipts for "payments on account" do not contain the necessary information to approve a claim, and will be denied. Receipts for co-pays must specify "co-pay" on the documentation.

Dependent Care Reimbursement Account Documentation/Substantiation Guidelines

Attach a copy of your receipt or statement from the dependent care provider. Documentation should include the dependent care provider name, dates of service, dependent care provider tax identification number (TIN) or the individual's social security number (SSN) and the claim amount. You are required to include the name, address and TIN of the service provider on IRS Form 2441 that you must attach to your federal income tax return.

For additional information, please see your Plan's Summary Plan Description or call us toll-free at 1-855-826-8692.

Form Submission Guide

Gather supporting documentation/substantiation.

Determine the method that you prefer to submit your supporting documentation.

1. Fax to 316-462-3392
2. Mail to The Taben Group C/O Surency Life & Health, PO Box 789773, Wichita KS 67278-9773
3. Email to flexsupport@taben.com

Submit both the Receipt and Substantiation Form and a copy of your substantiation (please do not send originals).

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