



BENEFITS CARD RECEIPT AND SUBSTANTIATION FORM

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

Want to Substantiate Electronically?

Use Surency's mobile app to snap photos of your receipt or login to your Member Account at Surency.com.

Member 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? |
|--------------|--|---------------------|---------------|--------------|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Offsetting?: If you are unable to locate documentation for the purchase made with your Surency Flex Benefits Card and are submitting offsetting documentation, please mark "yes" and mark the offsetting documentation with "Offset". If you are not, please mark "no".

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.

Member Certification

Please use the attached documentation to substantiate the referenced purchases made with my Surency Flex Benefits Card. I understand that charges not substantiated or approved within 45 days of the date of transaction will cause my Surency Flex Benefits Card 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.

Member Signature

Date

Submit both this form and a copy of your substantiation (please do not send originals)

Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773

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