

## DEBIT CARD USE VERIFICATION FORM

Employee Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_

This form is to be used only to submit receipts for purchases made with your Flex Benefit Card (debit card) for eligible expenses. The actual bill that you receive, a receipt of payment, an Explanation of Benefits, and/or other evidence that you have incurred the expense must be submitted with this form. Credit card receipts alone are not an acceptable form of verification of services.

### IN ALL CASES, YOU MUST SIGN THE BOTTOM OF THIS FORM

**NOTE:**

IRS regulations require that 100% of your Flex Benefit Card (debit card) transactions be verified (to show your plan benefits were used to pay for eligible expenses).

Your options to resolve each card transaction listed above are:

1. Submit a copy of the detailed receipt for the actual card transaction that contains the service date, service description, patient name, provider name, and your cost.
2. Substitute receipts may be submitted for any eligible products and services that you did not and will not pay for using funds in your Flex account.
  - a. The receipt(s) must include the service date, service description, patient name, provider name, and your cost (amount of patient financial responsibility).
  - b. The substitute receipts(s) must be for an eligible expense incurred by an eligible dependent during the same coverage period as the card transaction to be verified.
3. Send a check to repay your account for the above amount if you no longer have the detailed receipt or if you accidentally used your card to pay for ineligible expenses.

The amount that is repaid will be available to pay for other eligible expenses you incur during your plan year.

Reminder: Failure to submit appropriate proof or repayment for your card transactions will result in suspension / loss of your card privileges and possibly tax penalties.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

When done, attach all necessary receipts and **mail, e-mail or efax** to:

Northeast Benefits Management, LLC  
P.O. Box 2363, South Burlington, VT 05407-2363  
Scan and email: [info@nbmus.com](mailto:info@nbmus.com)  
Fax: (802) 304-1009 (Burlington exchange)  
Fax: (802) 304-1067 (Burlington exchange)