



## Flexible Spending Account (FSA) Debit Card Substantiation Form



**Do not use this form to request a reimbursement. Complete and submit this form ONLY if you have received an email/letter from Chard Snyder requesting further information.**

### COMPANY INFORMATION (please print)

Company Name	Division (if applicable)
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### EMPLOYEE INFORMATION (please print)

First Name	Home Phone ( ) -	
Last Name	Work Phone ( ) -	
SSN (or Alternate Employee ID)      -      -	Date of Birth (mm/dd/yyyy)      /      /	Email Address
Street Address (Check if New Address <input type="checkbox"/> )		Apt#
City	State	ZIP Code

### HEALTHCARE – FLEXIBLE SPENDING ACCOUNT Debit Card Substantiations Only (please print)

*Please indicate your qualifying expenses below. DO NOT include expenses reimbursed by any other source.*

Attach copies of bills, receipts, Explanation of Benefits (EOBs) or other claim documentation. Documentation must include dates of service, description of service and the expense amount. Cancelled checks and/or credit card statements/receipts are NOT sufficient proof of your claim.

<b>DATE RANGE OF SERVICES</b>	From      /      /      through      /      /	<b>TOTAL Healthcare Debit Card Amount</b>  \$ _____  <b>(REQUIRED)</b>
<b>DESCRIPTION</b> (Please list a brief description below of services – e.g., Rx, co-pay, contact solution, etc.)		
<b>IMPORTANT:</b> If this is a Limited Healthcare (LFSA) - ONLY submit claims for dental and/or vision expenses.		

### CLAIM CERTIFICATION

I certify these expenses for which reimbursement is requested on my Flexible Spending Account have been incurred by me, my spouse or my eligible dependent(s) and are not payable by any other benefit plan/program. I will not claim credit for these expenses on my individual income tax return.

Signature	Date /      /
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### SEND THIS FORM and a copy of receipts TO CHARD SNYDER (do not send original receipts)

Please submit this form with your documentation to Chard Snyder by one of the three methods listed to the right...

- Fax to:** (888) 245-8452 **(Please DO NOT include a fax cover page)**
- Mail to:** 6867 Cintas Boulevard, Mason, OH 45040
- Email to:** [53askpenny@chard-snyder.com](mailto:53askpenny@chard-snyder.com)

## Flexible Spending Account Debit Card Substantiation Instructions

1. **Complete all company and employee information** on the front page (please print/type). Include your e-mail address if you want to receive an automatic e-mail notification whenever a claim is processed and when a reimbursement is approved for you to receive payment.
2. **Attach copies of supporting documentation** as described on front of this form. Documentation must accompany this request form in order for claims to be substantiated. Be sure to keep your original receipts, bills, etc. for your records. Originals, if sent, will be destroyed. Do not highlight any part of your documentation.
3. **All requests must include the following information to be eligible for reimbursement:**
  - Original date of service (not the date of payment)
  - Description of service performed (refer to list of eligible expenses to identify valid services)
  - Amount charged to you (do not include amounts reimbursed by another source)
4. **Healthcare – Flexible Spending Account Debit Card Expense:** Complete all required information (*i.e.*: Total debit card amount) and attach proof of expense as described above. *If you are participating in a Limited Healthcare FSA claims submitted must be for dental and/or vision expenses only.*
5. **You must sign and date** the *Claim Certification* section on the front of this page.
6. **Fax, mail or email** this form and supporting documentation directly to Chard Snyder:
  - Fax to:** (888) 245-8452 (Please do not include a fax cover page)
  - Mail to:** 6867 Cintas Boulevard, Mason, OH 45040
  - Email to:** [53askpenny@chard-snyder.com](mailto:53askpenny@chard-snyder.com)
7. If you have questions, please contact us...
  - Call Customer Service:** (888) 350-5353
  - Visit our Website:** [www.53hsa.com](http://www.53hsa.com)
  - Email your questions to:** [53askpenny@chard-snyder.com](mailto:53askpenny@chard-snyder.com)
8. **Important reminders:**
  - All requests are saved as electronic images. To ensure your claim is processed as soon as possible, and to avoid delays, please review the following recommendations:
    - Do not include a fax cover page when faxing.
    - Do not highlight any part of your receipts, bills, etc.
    - Send copies of receipts, bills, etc.(Keep originals for your records – Chard Snyder will destroy all copies/originals received.)
  - Payments are issued after receipt and processing, subject to claim approval. You may not transfer funds between accounts.
  - Any items for which you are reimbursed cannot be claimed again as deductions or credits on your individual tax return at the end of the tax year.
  - You may be reimbursed only for eligible expenses incurred during the current plan year.  
*Orthodontia expenses are reimbursed as designated by the provider.*