



Please send this form along with all applicable receipts to:
7 Grant Ave, Lakewood, NJ 08701
Fax: 877-747-8564
E-Mail: Claims@flexfacts.com

Debit Card Claim Substantiation Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Employer: _____

Social Security Number _____

Phone: () _____ E-mail: _____

If your address has changed please list the new address below.

New Address: _____

City, State, Zip _____

Claim Information

If you are not able to provide a receipt or if your expense is not eligible the IRS regulations state that you should pay the funds back to your account. If this is the case please attach a check or money order for the amount in question.

Type of Expense: _____ Amount: _____

Date of Expense: _____

Is proof of expense attached? _____

Is this a recurring expense? _____ If this is a recurring expense you will not have to substantiate it every month.

If you do not provide proper documentation or repay the plan for an ineligible expense may result in card deactivation.

Employee Certification

Employee Signature: _____

Date: _____

By signing above I certify that to the best of my knowledge

1. The attached claims are for me or my eligible dependents
2. The expenses qualify as eligible expenses under my plan
3. The expenses will not be submitted for reimbursement from any other source