# Health Economics Group, Inc.
## BENNY™ PREPAID BENEFITS CARD
### SUBSTANTIATION FORM

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<thead>
<tr>
<th>EMPLOYEE FIRST NAME</th>
<th>EMPLOYEE LAST NAME</th>
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**EmployER Name:** ____________________________________________

**Plan Year:** ______ thru _____

**HOME ADDRESS**

- Check here if new address

**E-MAIL ADDRESS**

- Check here if new address

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<tr>
<th>DATE OF DEBIT CARD TRANSACTION</th>
<th>PROVIDER/VENDOR</th>
<th>AMOUNT</th>
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**DEBIT CARD RECEIPT SUBSTANTIATION MAY BE SUBMITTED ONE OF THE FOLLOWING METHODS:**

**Fax:** 585.241.9518

**Fax Instructions:**
Make a copy of the receipt(s) and fax a completed substantiation form to Health Economics Group.

**E-Mail:** flex@heginc.com

**E-Mail Instructions:**
Scan a completed substantiation form and receipt(s) and e-mail to Health Economics Group.

**Mail:**

- Health Economics Group
- 1050-A University Avenue
- Rochester, NY 14607
- Attn: Flex Dept

**Mail Instructions:**
Mail a completed copy of the substantiation form and the receipt(s) to Health Economics Group.

**Reminders:**

- Make copies of the completed substantiation form.
- Credit Card receipts cannot be accepted as receipts.
- Receipts from the provider must show description of the purchase and a date of service.
- Do not use a highlighter on the form or receipts. (Highlighter appears black on a fax)
- Do not send original receipts. Please send Copies of all receipts. Keep original receipts for your records.

### INELIGIBLE EXPENSES

If you have knowingly purchased ineligible items with your Benny™ Prepaid Benefits Card, please mail a check payable to your Employer for the amount of the ineligible expenses. This amount will be credited back to your account for future use.

**Mail Checks to:**

- Health Economics Group
- Debit Card Substantiation
- 1050-A University Avenue
- Rochester, NY 14607