



Debit Card Substantiation Form

Name _____ Employer _____

Social Security# _____ Day Phone _____

Your e-mail Address (for claim-related matters only) _____

Although up to 80% of debit card swipes are auto-substantiated without the need to submit receipts, IRS guidelines require that the roughly 20% of remaining debit card transactions must have receipts submitted to confirm they are for qualified medical expenses. The IRS guidelines detail that substantiation of debit card swipes are necessary for ALL dental and vision expenses, and transactions at hospitals or physician offices that do not match a multiplier of a standard co-pay or (if applicable) transactions at non-IIAS approved merchants. Your fax, email or mail of this Form and receipts must be received by the DEADLINE indicated at your employee website at www.bmsllc.net. If we do not receive this claim by the deadline, the IRS requires that your debit card be *suspended* or re-paid to the Plan as if it was considered a non-qualified expense (Suspensions will take place the first of the month following 60 days of the debit transaction). **NOTE: At the first of each month you will receive a reminder email of outstanding transactions in need of a receipt from noreply@flexbenefitcard.com.**

Step 1: Please complete and sign this form.

Step 2: Gather and attach your receipts to this form.

The following purchases made with my Flex Debit Card were for Qualified Expenses.

Health FSA Debit Card Substantiation Expenses				
Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Amount
Total Qualified Expenses:				

If your card paid for items that were not qualified, you must repay the Amount You Owe from your personal funds. You may either re-pay the plan via the online system at www.bmsllc.net or remitting a check made payable to BMS LLC at the address below in the amount of the non-qualified expense. A service charge of \$4.00 will be deducted from your flex account each time your card purchase contains any non-qualified items.

Read Carefully and Sign: I understand that if I used my Debit Card for reimbursement from my Account(s) for the expenses itemized above, I make the following certification: I certify that the expenses for which reimbursement was made under the account(s) were for services received either by myself or my eligible dependent(s). I also certify that I or my eligible dependent(s) have received the services described on the dates indicated, and these are my out-of-pocket expenses that qualify as valid expenses under the plan(s) and the Internal Revenue Code. I certify that I have not been reimbursed for the itemized expenses from another plan and that I will not seek reimbursement under any other plan. I also certify that any medically related expenses itemized above are to diagnose, alleviate or prevent a medical condition and not merely beneficial to general health. If this claim is for medical expenses: I understand that if I, my spouse, or dependents make contributions to a Health Savings Account (HSA) or receive HSA contributions from anyone else, I must have a Limited Purpose or Post Deductible Medical Reimbursement Account (Health FSA) or a Limited Purpose, Post Deductible, Suspended or Retirement Health Reimbursement Arrangement (HRA). I further understand that reimbursed expenses cannot be claimed as credits or deductions on my personal tax return. I understand that I alone am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim and that unless an expense for which payment or reimbursement is claimed is a proper expense under the plan(s), I may be liable for payment of all related taxes including federal, state or city income tax on amounts paid from the plan(s) which relate to such expense.

Employee Signature

Date

Remit Debit Card Substantiation to:
BMS LLC * P.O. Box 43653* Louisville, KY 40253-0653
YOU CAN FAX TO: (502) 244-1162 OR E-MAIL TO: claims@bmsllc.net
www.bmsllc.net - visit our website to create an online FSA debit substantiation submission!