

# DEBIT CARD SUBSTANTIATION FORM



Use this form **only** if your Benefit Debit Card was used to pay for an expense and you received a request from American Fidelity Assurance Company to substantiate (verify) the expense.

## THIS IS NOT A CLAIM FORM

<b>Name of Employee (Last, First, MI)</b>	<b>Social Security Number or Debit Card Employee ID</b>
<b>Mailing Address</b>	<b>Employer</b>

Date of Debit Card Transaction	Provider/Vendor	Amount

**Acceptable Documentation to accompany the debit card substantiation form:**

- √ Professional bill or receipt that includes:
  - Provider of service                      • Type of service rendered
  - Charges for the service                • Original date of service
- NOTE:** the date of service, not the date of payment must fall within the dates of the plan year for which you are enrolled
- √ Insurance Company Explanation of Benefits

**Unacceptable Documentation includes:**

- √ Cancelled checks or credit card receipts
- √ Bill or receipt that only shows a balance forward/previous balance or payment due

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**Signature of Employee**

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**Date Signed**

<p><b>Mailing Address:</b></p> <p>American Fidelity Assurance Company, Flex Account Administration, PO Box 161968, Altamonte Springs, FL 32716</p> <p><b>PHONE NUMBER: 1-800-662-1113                      FAX NUMBER: 1-844-319-3668</b></p> <p>American Fidelity will not be responsible for faxes not received. Average processing time is 5 to 7 working days from receipt of a completed voucher.</p>
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