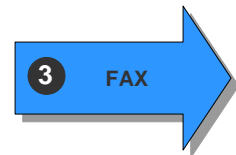


How To Substantiate a Health Care Account Debit Card Purchase

To substantiate a card purchase, you will need to supply a receipt that clearly proves the eligibility of a purchase made using the Health Care Account Debit Card. For each card purchase that you have been asked to substantiate, you should:

1. Complete an Expense Substitution Form
2. Attach itemized receipt(s)
3. Submit the form and receipt(s) to ADP



The Expense Substitution Form must be completed entirely and signed. The receipt(s) must state the vendor name, vendor contact information, purchase date, a description of the expense(s) and the expense amount. A credit card receipt is not adequate documentation. Credit card receipts often do not list the individual items purchased along with a description of the item. This is why you must save your purchase receipts when using the card.

If you have lost your receipt, please read "Lost Receipts" on page 2 of these instructions.

You may substantiate up to three (3) purchases on a single form. Please fax (fastest process) OR mail the documents, but please **DO NOT DO BOTH**. Be sure to keep a copy of your substantiation submission.

**Place the documents in this order: 1-Expense Substitution Form,
2-Itemized receipts. Please do not return the instruction pages with your Form and receipts.**

Fax to: 866-392-4090 (toll-free) or 678-762-5900

OR

Mail to: ADP FSA Card Substantiation, P.O. Box 1853, Alpharetta, GA 30023-1853.

Good Receipt

Rx Pharmacy 01-25-2005
(999) 999-9999 CUSTOMER RECEIPT

33945 0034233 3322

Customer: **SARA SAMPLE**

VIGAMOX 0.5% EYE DROPS
Instill one drop 4 times per day

Pay: \$ 22.54

Rx Pharmacy, Inc. 123 Somewhere St., Anywhere, CT 99999

Receipt Missing Information

ABC EYE ASSOCIATES
123 MAPLE ST.
SOMEWHERE, CT 99999

DATE: 01-25-2005 TIME: 08:15AM

ITEM: 0034 VIS SALE
ACCT: XXXXXXXXXX30
AUTH: 9999

TOTAL: \$ 54.34

I AGREE TO PAY ABOVE AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X _____

no description of
items purchased

Why Substantiate

The IRS has provided strict requirements stating that purchases must be substantiated using itemized receipts when they cannot be otherwise substantiated per the regulations. Use of a Health Care Account Debit Card does not remove or reduce the requirements for proof of eligibility under IRS regulations. Some purchases will still need to be substantiated with detailed receipts or Explanation of Benefits (EOB). For this reason, you must always save your purchase receipts for items and services purchased with your Health Care Account Debit Card.

Login to www.flexdirect.adp.com to learn more about using your Health Care Account Debit Card.

Tips For Using Your Card

- ▶ Save Your Receipts
- ▶ Monitor Your Account Balance
- ▶ Select "Credit" When Using The Card
- ▶ Provide Your Email Address In The Secure FSA Website
- ▶ Don't Use Your Card To Pay For The Previous Plan Year's Expenses
- ▶ Purchase Only Eligible Items With The Card
- ▶ Provide Your HOME Zip Code To The Merchant If Asked To Support Card Purchase Approval

Lost Receipts

If you receive a substantiation request and you have lost your receipt or do not have a receipt for the purchase, please send in an Expense Substantiation Form and select the checkbox on the form indicating you do not have a receipt for the purchase. When a substantiation is submitted without a receipt or you do not respond to a substantiation request, the expense will be considered ineligible and an overpayment will be created on your account. You must repay your account for ineligible purchases by submitting new paper claims for other eligible expenses. These new paper claims will be used to offset the amount of the reimbursement you have already received for an ineligible Card purchase. Be sure to use the appropriate Expense Substantiation Form and do not submit paper claim forms for purchases made with your card.

To submit paper claims to resolve an overpayment, please follow the instructions that accompany the Health Care Claim Form. Claim Forms, with instructions, can be found under the *Tools & Forms* page of the FSA website at www.flexdirect.adp.com.

Note: If you have an overpayment on your account, you will see an "Account Alert" on your *Accounts At A Glance* page when you log into the ADP FSA website. **Until overpayments are removed from your account, your card will remain temporarily deactivated.**

Minimize Receipt Submission

Technology, called Inventory Information Approval System (IIAS), has been implemented by merchants nationwide in order to reduce the number of receipts required for Health Care Account Debit Card purchases. This technology enables real-time, automatic approval for eligible items purchased with the Health Care Account Debit Card at participating retailers. It also enables you to continue using the Card at non-healthcare retailers, such as supermarkets, grocery stores, drug stores, retail pharmacies and mail-order merchants that sell eligible items and services. You should still retain your itemized purchase receipts for these vendors in the event you are asked to provide them later. For more information about IIAS and to see a list of participating merchants, visit www.flexdirect.adp.com.

Preparing Your Health Care Account Debit Card Substantiation Form



Please do not return the instructions pages with your Substantiation Form.

The Substantiation Form is designed so that you may complete the form on your computer by tabbing through the designated fields and typing in the required information. If you do not have access to a computer, please use black or blue ink to complete the form. Please print clearly and only in the spaces provided. This form will be processed electronically.

Step 1: Complete all Employee Information completely. When completing the employee information, you should provide:

- ① **Your 10-digit FlexID.** Locate your FlexID by logging into your account at www.flexdirect.adp.com or by calling the Participant Solution Center at 1-800-654-6695.
- ② Your name as it appears on your paycheck. Please print your name in ALL CAPITAL letters.
- ③ Your employer's name.
- ④ Your complete mailing address.
- ⑤ A daytime phone number where you can be reached.

FlexID ①

0 0 0 0 0 9 9 9 9 9

Instructions: Please use blue or black ink and print like this



0 1 2 3 4 5 6 7 8 9

Employee Information (PLEASE PRINT)

Name **SARA SAMPLE** ②

(Please print name in ALL CAPITAL letters)

Employer Name **ABC Company** ③

Address **1234 Main Street** ④

City **Anytown** ④

State **US** ④

Zip **12345** ④

Daytime Phone # **555-222-1234** ⑤

Step 2: Complete the Purchase Information. Be sure to include only one purchase per Purchase Information box on the Substantiation Form. Up to three purchases per Form can be submitted. Under the Purchase Information, you should provide:

- ① The purchase date. This should match the date on your receipt or Explanation of Benefits (EOB).
- ② The total amount of the purchase.
- ③ The name of the merchant or service provider. This should match the name on your receipt or EOB.
- ④ If applicable, indication that a receipt is not available for the purchase. Your card will be temporarily deactivated if no receipt is provided.

★ **Faxing your substantiation is the best submission route and will result in the quickest completion of the substantiation process.**

ADP Health Care Debit Card Purchase Information

1

Purchase Date: **05/21/08** ①

Amount: \$ **123.42** ②

Merchant Name: **Northside Radiology** ③

☐ I DO NOT Have A Receipt For This Purchase ④

Step 3: Sign and date your Substantiation Form. Substantiation Forms received without a signed Certification cannot be processed.

Certification

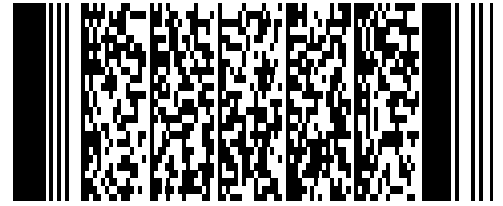
I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me or by my eligible dependents. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I understand that where an expense is determined to be ineligible, I am responsible for reimbursing the plan for any such expense. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of the expenses are attached.

Signature Sara Sample

Date 05/31/08



Health FSA Debit Card



Expense Substantiation (Validation) Form

This document and any attachments are intended solely for the use of the sender and ADP and may contain information that is privileged and confidential. If you are not the intended recipient or its authorized representative, you are hereby notified that dissemination of this information is strictly prohibited. If you received this information in error, notify the sender immediately and destroy this document and all supporting attachments.

Tips to Remember When Submitting Substantiations (Validations) for Your Health Care Account Debit Card Purchases

1. Include your 10-digit FlexID. Locate your FlexID at www.flexdirect.adp.com or by calling the Participant Solution Center at 1-800-654-6695.
 2. Sign and fax your Substantiation Form without a cover page or instructions pages, followed by a copy of supporting documentation including itemized receipts, bills, statements and/or Explanation of Benefits (EOB). Please do not send the originals.
- Note:** Supporting documentation must show provider, purchase date, amount and description of purchase. Most credit card receipts do not show these IRS-required items and are not sufficient for substantiating (validating) a card purchase.

FlexID

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Instructions: Please use blue or black ink and print like this



0	1	2	3	4	5	6	7	8	9
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Employee Information (PLEASE PRINT)

Name _____ Employer Name _____
(Please print name in ALL CAPITAL letters)

Address _____

City _____ State _____ Zip _____ Daytime Phone # _____

ADP Health Care Debit Card Purchase Information

1

Purchase Date: _____ Amount: \$ _____ Merchant Name: _____

I DO NOT Have A Receipt For This Purchase

ADP Health Care Debit Card Purchase Information

2

Purchase Date: _____ Amount: \$ _____ Merchant Name: _____

I DO NOT Have A Receipt For This Purchase

ADP Health Care Debit Card Purchase Information

3

Purchase Date: _____ Amount: \$ _____ Merchant Name: _____

I DO NOT Have A Receipt For This Purchase

THIS IS NOT A CLAIM FORM.

USE THIS FORM ONLY IF YOU RECEIVED A REQUEST TO SUBMIT RECEIPTS FOR A PURCHASE MADE WITH YOUR ADP HEALTH CARE ACCOUNT DEBIT CARD.

Submit: Fax to 1-866-392-4090 or 678-762-5900 - OR - Mail to ADP FSA Card Substantiation, P.O. Box 1853, Alpharetta, GA 30023-1853
Questions and Information: Login to www.flexdirect.adp.com

Certification

I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me or by my eligible dependents. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I understand that where an expense is determined to be ineligible, I am responsible for reimbursing the plan for any such expense. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of the expenses are attached.

Signature _____ Date _____