



Benny™ Card Submittal of Receipts



PLEASE DO NOT USE THIS FORM WHEN SUBMITTING RECEIPTS FOR MANUAL REIMBURSEMENT

Employee Name (Please Print)

Employer Name

Social Security Number

Telephone Number

Email or Home Address (If this is a new home address, please check this box)

Instructions: According to IRS guidance, participants using a debit card to pay for expenses through a Flexible Benefit Plan that cannot be auto-adjudicated must provide supporting documentation from an independent third party. Please submit one of the following after you have used your debit card:

- An itemized invoice or receipt showing the date of the service, description of the service and the charge for the service. When submitting cash register receipts for eligible over-the-counter items, receipts must clearly define the product. If the item is not clearly defined on the receipt, please provide a signed written description of the product.
- Explanation of benefits (EOB) statement from your insurance carrier showing the date of the service, description of the service, the charge for the service that also indicates the deductible, co-insurance and and/or amounts not covered by the benefit plan.

Credit/debit card receipts, received on account receipts or receipts only showing payment WILL NOT be sufficient. Receipts not containing the information needed to determine eligibility of the charges will be returned asking for additional information. Eligible documentation should be submitted within 1 to 10 days after using your debit card.

Please send completed and signed form with documentation via mail or fax to:

Caba, Inc.
Attn: Flex Department
2601 N. W. Expressway, Suite 1000-W
Oklahoma City, OK 73112

Fax: (405) 858-7343

If you have questions regarding the Flexible Benefit Plan, please call (405) 840-3033 or 1 (888) 840-8924 to speak to a Customer Service Representative. You may also contact us via email. The email address is claims@cabainc.com. You may obtain additional forms at www.cabainc.com.

To the best of my knowledge, my statement in this Submittal of Receipts Form is complete and accurate. I certify that I or my dependent has received the services described on the following receipts, the expenses qualify as valid expenses under the Flexible Benefit Plan, and I have not been reimbursed for the expenses under the Employers Plan or any other Health Plan, nor do I expect any of these expenses to be reimbursable elsewhere. I understand these expenses may not be used to claim any Federal income tax deduction or credit. I understand that if the expenses are deemed ineligible for reimbursement, that it is my responsibility to reimburse the Flexible Benefit Plan immediately for the ineligible portion of the transaction. I understand that if I don't comply by submitting the required receipts or I do not pay back the plan for unqualified expenses, I could be subject to suspension of card privileges (offset to paper claim reimbursement), salary reduction on unqualified expenses or tax consequences at the end of the calendar year. I also understand the IRS requires that I keep a copy of this documentation for my files.

Employee Signature

Date