

Use this form only if QualChoice has asked you to substantiate (support) an expense that was paid from your FSA debit card. Attach itemized bills, statements, receipts or other proof of the expense to this form. Do not use cancelled checks or credit card receipts as proof of expenses.  
**THIS IS NOT AN FSA CLAIM FORM.**

| Section I. Employee Information. Please print legibly.   |  |                                |   |                  |
|--|--|--------------------------------|---|------------------|
| Full Name as it appears on your FSA debit card   |  | QualChoice ID No.              |   | Email Address    |
| Street Address   |  | City                           | State   | Zip<br>Phone No. |
| Section II. FSA Debit Card Information   |  |                                |   |                  |
| <b>1</b>   | Purchase Date (MM/DD/YYYY)<br><small>Should match date on your receipt or Explanation of Benefits</small>                    | Total Amount of Purchase<br>\$ | Merchant or Service Provider Name   |                  |
|  | <input type="checkbox"/> Check this box if you do not have a receipt for this purchase. Then read what to do next on page 2. |                                |   |                  |
| <b>2</b>   | Purchase Date (MM/DD/YYYY)<br><small>Should match date on your receipt or Explanation of Benefits</small>                    | Total Amount of Purchase<br>\$ | Merchant or Service Provider Name   |                  |
|  | <input type="checkbox"/> Check this box if you do not have a receipt for this purchase. Then read what to do next on page 2. |                                |   |                  |
| <b>3</b>   | Purchase Date (MM/DD/YYYY)<br><small>Should match date on your receipt or Explanation of Benefits</small>                    | Total Amount of Purchase<br>\$ | Merchant or Service Provider Name   |                  |
|  | <input type="checkbox"/> Check this box if you do not have a receipt for this purchase. Then read what to do next on page 2. |                                |   |                  |
| Section III. Attestation and Signature   |  |                                |   |                  |
| <p>I attest to the following:</p> <ul style="list-style-type: none"> <li>• The expenses listed above may be reimbursed per the IRS code.</li> <li>• These expenses were incurred by me or my eligible dependents.</li> <li>• These expenses have not been reimbursed.</li> <li>• These expenses are not being claimed as tax deductions under the IRS code.</li> <li>• I am not seeking to be reimbursed by any other source.</li> <li>• If an expense is not eligible, I must pay QualChoice back.</li> </ul> |  |                                |   |                  |
| Signature of Employee<br><br>X   |  |                                | Date Signed (MM/DD/YYYY)  |                  |
| Section IV. Directions.  |  |                                |   |                  |
| Please fax or mail your form and receipts. DO NOT do both. Please return this page only — not the Instructions page. Be sure to keep a copy.   |  |                                |   |                  |
| <b>Send Form and Receipts in this order:</b>   |  | <b>Fax (fastest way)</b>       | <b>Mail:</b>  |                  |
| 1. FSA Substantiation Form<br>2. followed by your itemized receipts<br>(taped to 8 ½ x 11 piece of paper)  |  | 501.707.6845                   | QualChoice<br>ATTN: FSA Department<br>PO Box 25610<br>Little Rock, AR 72221 |                  |

The IRS requires that FSA debit card purchases must be verified using itemized receipts when they cannot be otherwise confirmed. Use of an FSA debit card does not remove or reduce this requirement. For this reason, it's important that you always save your receipts for items and services purchased with your debit card.

## Itemized Receipts

To substantiate a debit card purchase, you will need to send give us an itemized receipt. This receipt must clearly prove that an eligible purchase was made.

### Itemized receipt(s) must include:

- vendor name
- vendor address and phone
- purchase date
- description of the expense(s)
- expense amount

Cancelled checks and/or credit card receipts are not adequate as they do not list or describe the individual items purchased.

## Lost Receipts or Ineligible Expenses

If you do not have a receipt, please check the box indicating such on the *FSA Substantiation Form*. If the whole purchase is ineligible, or only a part of the expense is ineligible, then show the total amount of the ineligible items.

If you do not have a receipt or you do not answer our request, the expense is considered ineligible. An overpayment is made to your account and you must:

1. Pay back the transaction, or,
2. Offset the transaction by eligible claims.

### To pay back the transaction:

Members can pay back ineligible transactions by submitting payment in the form of a check or money order to QualChoice. The payment must be clearly marked as a refund to an ineligible FSA debit card transaction.

### To offset the transaction:

Submit receipts for FSA eligible expenses that were paid out-of-pocket on an *FSA Claim Form*. This amount will then be applied to your ineligible transaction amount. This form is at [QualChoice.com](http://QualChoice.com); click *Already a Member?*; then *Find a Form or Document*.

## Cut-Down Receipt Submission

IIAS (Inventory Information Approval System) is used by merchants nationwide to cut the number of receipts needed for FSA debit card purchases. This system gives real-time, automatic approval for eligible items purchased with an FSA debit card at participating retailers. It also allows you to keep on using your debit card at non-healthcare retailers, such as supermarkets, grocery stores, retail drugstores and mail-order merchants that sell eligible items and services. You must still keep your itemized purchase receipts for these vendors. You may need to provide them later.

### For each FSA debit card purchase that you need to substantiate:

1. Complete this form. You may substantiate up to three purchases on this form.
2. Attach itemized receipt(s). Tape receipts on an 8 ½ x 11 piece of paper for easier transmittal.
3. Keep a copy for your records.
4. Submit the form and itemized receipt(s):  
QualChoice  
ATTN: FSA Dept.  
PO Box 25610  
Little Rock, AR 72221

**NOTE:** Overpayments may result in your account being placed on hold. You will be notified before this happens.

**Please do not return this page with your form**