

Benny Card™
Submittal of Receipts



Subject: Benny Card Receipts

Fax To: Advanced Benefit Strategies
Attn: Claims Department
Fax #: (860) 673-2207
Phone #: (877) 732-8125

Mail To: Advanced Benefit Strategies
Attn: Claims Department
30 Mill Street
Unionville, CT 06085

Submittal of Receipts Instructions

Full Name

Company Name

_____-_____-_____
Social Security Number

Email Address

Work Phone Number

Total Amount of Receipts Provided

The following information must be included on the receipt:

1. Name and address of the service provider
2. Date service/expense was incurred
3. Name of person for whom service/expense was provided
4. Detailed description of the service/expense provided
5. Amount charged for the service

The **IRS does not consider**; credit card receipts, cancelled checks or balance forward statements as acceptable forms of receipts. For over-the-counter (OTC) items; clarify the specific item.

- Attach copies of your receipts with this cover sheet.
- Make sure to keep copies of your original receipts for your records.
- Please submit this form with all faxed or mailed Benny Card receipts.
- Do not use this form when submitting for expenses paid out-of-pocket claims.
- If requesting reimbursement for out-of-pocket expenses use the Request for Reimbursement HCR or DCR form(s).