CONTINUON SERVICES

DEBIT CARD SUBSTANTIATION FORM

Please note: This is not a claim form. Use this form only when Continuon Services, LLC has requested a debit card receipt in order to substantiate a purchase. If you do not respond to our request for substantiation, your debit card may be disabled. You may be asked to repay funds disbursed for an unsubstantiated claim.

Instructions: Please completed all sections of the form. Include all requested receipts with this form. You must sign and date this form.

Personal Information: (Please print)			
Employer Name:		**Request Date:**	
Employee Name:		**Email Address:**	
Employee SSN:		**Daytime Phone Number:**	

Purchases substantiated with this form (Supporting documentation is required)		
Merchant/Provider	**Date of Service**	**Amount**
	Total:	

EMPLOYEE AUTHORIZATION

I CERTIFY THAT THAT THE EXPENSES LISTED ABOVE CAN BE VERIFIED BY REVIEWING THE ATTACHED RECEIPTS AND THEY ARE NOT REIMBURSABLE FROM ANY OTHER SOURCE. I AUTHORIZE CONTINUON SERVICES, LLC TO OBTAIN THE NECESSARY INFORMATION FROM ALL HOSPITALS, PHYSICIANS, DAYCARE PROVIDERS, EMPLOYERS, AND ANY AND ALL OTHER AGENTS IN ORDER TO APPROVE THE CLAIM FOR REIMBURSEMENT UNDER THE TERMS OF THE PLAN AS ESTABLISHED BY MY EMPLOYER IN COMPLIANCE WITH FEDERAL LAW.

Employee Signature:	**X**	**Date:**	

If you have any questions, please contact us at: 1-877-747-4141 or fsa@csllc.com

Submit to: Continuon Services, LLC
Attn: FSA Administration
P.O. Box 7127
Atlanta, GA 30357-7127

or

Fax to: 1-866-593-7125