

**How To Substantiate a Limited Purpose FSA 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 Limited Purpose Flexible Spending Account (LPFSA) Card. For each card purchase that you have been asked to substantiate, you should:

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



The *Expense Substantiation 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 submit 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 Substantiation 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 LPFSA Card Substantiation, P.O. Box 1853, Alpharetta, GA 30023-1853.

Good Receipt



Receipt Missing Information



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 an LPFSA 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 LPFSA Card.

Login to [www.flexdirect.adp.com](http://www.flexdirect.adp.com) to learn more about using your Limited Purpose FSA 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 Limited Purpose Health Care FSA Claim Form. Claim Forms, with instructions, can be found under the *Tools & Forms* page of the FSA website at [www.flexdirect.adp.com](http://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.**

# Preparing Your Limited Purpose FSA 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](http://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

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 **U S** 4

Zip **1 2 3 4 5** 4

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 type of Limited Purpose service being substantiated.
  - 4 The name of the merchant or service provider. This should match the name on your receipt or EOB.
  - 5 **IMPORTANT: Indicate If Limited Purpose Supporting Documentation is attached. Please see Step 3 below.**
  - 6 Only check this box if you cannot obtain a qualified receipt or cannot otherwise substantiate this transaction. Checking this box will deactivate your card. To reactivate your card, you must submit a paper claim for a new, eligible expense of an equal or greater amount than this transaction. For more information on substantiation and card reactivation, please visit [www.flexdirect.adp.com](http://www.flexdirect.adp.com).
- Faxing your substantiation is the best submission route and will result in the quickest completion of the substantiation process.**

### ADP Limited Purpose FSA Debit Card Purchase Information

1

Purchase Date: **05/21/2011** 1 Amount: \$ **123.42** 2

3  DENTAL  VISION  PREVENTIVE CARE

Merchant Name: **Northside Dental** 4

**I have attached Limited Purpose Supporting Documentation** 5

**I DO NOT Have A Receipt For This Purchase** 6  
Only check this box if you cannot obtain a qualified receipt or cannot otherwise substantiate this transaction. Checking this box will deactivate your card. For steps on reactivating your card, please see page 3 or visit [www.flexdirect.adp.com](http://www.flexdirect.adp.com).

### Step 3: When to submit Limited Purpose Health Care Supporting Documentation?

Effective January 1, 2011, the Patient Protection and Affordable Care Act (PPACA) and per general FSA eligibility guidelines, Limited Purpose Health care services and products are only eligible for reimbursement from a LPFSA if the expense(s) was incurred for dental, vision or preventive care and not cosmetic purposes or general health. Certain products or services may require supporting claims documentation to be provided that shows the expense was incurred for either dental, vision or preventive care.

Depending on the type of service, you may be asked to submit supporting documentation after completing the substantiation form. If you have already submitted the documentation, then there is no need to resubmit, unless the dates on the document are no longer valid. More information as well as supporting documentation instructions and forms are available at [www.flexdirect.adp.com](http://www.flexdirect.adp.com).

### Step 4: 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 05/31/11



# LPFSA 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 Limited Purpose FSA Debit Card Purchases

1. Include your 10-digit FlexID. Locate your FlexID at [www.flexdirect.adp.com](http://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 documentation including itemized receipts, bills, statements and/or Explanation of Benefits (EOB).
  3. If you are mailing your claim form, do not send the original document(s). Only send copies and retain the originals in your records.
- Note:** 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

FlexID input field (10 digits)

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

FlexID example: 0 1 2 3 4 5 6 7 8 9

### Employee Information

(PLEASE PRINT)

Name \_\_\_\_\_ Employer Name \_\_\_\_\_  
(Please print name in ALL CAPITAL letters)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### ADP Limited Purpose FSA Debit Card Purchase Information

DENTAL  VISION  PREVENTIVE CARE

1 Purchase Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

I have attached Limited Purpose Supporting Documentation

I DO NOT Have A Receipt For This Purchase  
Only check this box if you cannot obtain a qualified receipt or cannot otherwise substantiate this transaction. Checking this box will deactivate your card. For steps on reactivating your card, please see page 3 or visit [www.flexdirect.adp.com](http://www.flexdirect.adp.com).

### ADP Limited Purpose FSA Debit Card Purchase Information

DENTAL  VISION  PREVENTIVE CARE

2 Purchase Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

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### ADP Limited Purpose FSA Debit Card Purchase Information

DENTAL  VISION  PREVENTIVE CARE

3 Purchase Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Merchant Name: \_\_\_\_\_

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You may need to submit additional documentation if you used your FSA Card for an expense that requires proof of medical care. For more information, review page 3 or visit [www.flexdirect.adp.com](http://www.flexdirect.adp.com) and click on the Spending Accounts More Information link to view expense lists.

**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 LIMITED PURPOSE FSA DEBIT CARD.**

Submit: Fax to 1-866-392-4090 or 678-762-5900 - Or - Mail to ADP LPFSA Card Substantiation, P.O. Box 1853, Alpharetta, GA 30023-1853

Questions and Information: visit [www.flexdirect.adp.com](http://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 \_\_\_\_\_