



# Keep Your PayFlex Card Active!

If you receive a Request for Documentation letter from PayFlex, you are being asked to verify that purchases made with your PayFlex Card were eligible healthcare expenses. The IRS requires PayFlex to verify your PayFlex Card purchases. Below are examples of the first and second Request for Documentation letter that you may receive from PayFlex during the plan year.

## Letter #1 (Sent quarterly, if necessary)

**Request for Documentation for PayFlex Card Purchases**  
ACTION IS REQUIRED BY (DATE)

Use this letter as your fax coversheet  
Page 1 of \_\_\_\_\_ Fax to: (402) 231-4303

Date: xx/xx/xx  
Participant's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Document ID: \_\_\_\_\_  
Member #: \_\_\_\_\_  
Employer ID: \_\_\_\_\_  
Employer Name: \_\_\_\_\_

According to IRS guidelines, PayFlex is required to verify that all purchases made with your PayFlex Card are for eligible expenses. You recently used your PayFlex Card to purchase the following products or services. In order to verify that the expenses below are eligible, you must provide supporting documentation. If you cannot find your documentation or if you used your card in error, you have two options available, which are described below.

If you do not respond to this letter by (date), your PayFlex Card will be deactivated.

Date	Merchant	Amount	Account
05/05/2008	WALGREEN	00075239	31.69 Healthcare (FSA)
06/13/2008	WALGREEN	00075239	31.69 Healthcare (FSA)
06/17/2008	MEDCO HEALTH SPOKANE	54.85	Healthcare (FSA)

Please provide either an **Explanation of Benefits (EOB)** (or) **Itemized receipt** for each PayFlex Card transaction listed above to keep your PayFlex Card activated. Fax or mail your supporting documentation with a copy of this letter.

**Explanation of Benefits (EOB)** - preferred documentation for medical services  
- Statement provided to you by your insurance carrier

**Itemized receipt** to include:  
- Date of purchase or service  
- Name of merchant or service provider  
- Description of product or service  
- Amount of purchase

If you cannot find your documentation OR you used your PayFlex Card in error for any of the above expenses, Please choose one of the following options and respond within 21 days of the date of this letter to keep your PayFlex Card activated:

**Option #1:** Mail or fax an **Explanation of Benefits (EOB)** (or) **Itemized receipt** from another eligible expense incurred in the current plan year. This item or service must be purchased with another form of payment such as a personal credit card, check or cash. You cannot submit an expense that has already been reimbursed or purchased with your PayFlex Card. Make sure to send a copy of this letter with your documentation to the mailing address or fax number noted above.

**Option #2:** Mail a **personal check** or **money order** payable to PayFlex for the amount of the transaction(s) listed above. If which you are unable to provide supporting documentation. By selecting this option, the payment you submit will be applied to your PayFlex account to make up for the expenses you are unable to support. Please note: PayFlex does not accept CASH or CREDIT CARD PAYMENTS. Make sure to send a copy of this letter with your payment to the mailing address noted above.

Visit [www.payflex.com](http://www.payflex.com) to view your PayFlex Card transactions as well as a listing of eligible expenses. Questions about the expenses requiring documentation? Call PayFlex @ 402.231.4303

### IMPORTANT NOTE:

If you use your PayFlex Card at a merchant who has implemented an Inventory Information Approval System (IIAS), PayFlex will no longer be requesting copies of your receipts. However, it is good practice to keep your receipts in case the IRS requests them of you!

## Letter #2 (Sent if you do not respond to 1<sup>st</sup> letter)

**Request for Documentation for PayFlex Card Purchases**  
ACTION IS REQUIRED BY (DATE)

Use this letter as your fax coversheet  
Page 1 of \_\_\_\_\_ Fax to: (402) 231-4303

Date: xx/xx/xx  
Participant's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Document ID: \_\_\_\_\_  
Member #: \_\_\_\_\_  
Employer ID: \_\_\_\_\_  
Employer Name: \_\_\_\_\_

This is our 2<sup>nd</sup> request for documentation regarding the PayFlex Card purchases identified below. According to IRS guidelines, PayFlex is required to verify that all purchases made with your PayFlex Card are for eligible expenses. In order to verify that the expenses below are eligible, you must provide supporting documentation. At this time, we have not received your response. If you have responded, please make sure to (reply) to PayFlex within 21 days of the date of this letter. If you cannot find your documentation or if you used your card in error, you have two options available, which are described below.

If you do not respond to this letter by (date), your PayFlex Card will be deactivated.

Date	Merchant	Amount	Account
05/05/2008	WALGREEN	00075239	31.69 Healthcare (FSA)
06/13/2008	WALGREEN	00075239	31.69 Healthcare (FSA)
06/17/2008	MEDCO HEALTH SPOKANE	54.85	Healthcare (FSA)

Please provide either an **Explanation of Benefits (EOB)** (or) **Itemized receipt** for each PayFlex Card transaction listed above to keep your PayFlex Card activated. Fax or mail your supporting documentation with a copy of this letter.

**Explanation of Benefits (EOB)** - preferred documentation for medical services  
- Statement provided to you by your insurance carrier

**Itemized receipt** to include:  
- Date of purchase or service  
- Name of merchant or service provider  
- Description of product or service  
- Amount of purchase

If you cannot find your documentation OR you used your PayFlex Card in error for any of the above expenses, Please choose one of the following options and respond within 21 days of the date of this letter to keep your PayFlex Card activated:

**Option #1:** Mail or fax an **Explanation of Benefits (EOB)** (or) **Itemized receipt** from another eligible expense incurred in the current plan year. This item or service must be purchased with another form of payment such as a personal credit card, check or cash. You cannot submit an expense that has already been reimbursed or purchased with your PayFlex Card. Make sure to send a copy of this letter with your documentation to the mailing address or fax number noted above.

**Option #2:** Mail a **personal check** or **money order** payable to PayFlex for the amount of the transaction(s) listed above, for which you are unable to provide supporting documentation. By selecting this option, the payment you submit will be applied to your PayFlex account to make up for the expenses you are unable to support. Please note: PayFlex does not accept CASH or CREDIT CARD PAYMENTS. Make sure to send a copy of this letter with your payment to the mailing address noted above.

Visit [www.payflex.com](http://www.payflex.com) to view your PayFlex Card transactions as well as a listing of eligible expenses. Questions about the expenses requiring documentation? Call PayFlex @ 402.231.4303

If you are unable to provide an itemized receipt or Explanation of Benefits (EOB) for the expenses listed on the letter OR you used your PayFlex Card in error, you can still keep your PayFlex Card ACTIVE by selecting one of the following options:

### Option #1: SUBSTITUTE DOCUMENTATION

Mail or fax an **Explanation of Benefits (EOB)** OR **itemized receipt** from another eligible expense incurred during the same plan year.

- This item or service must be purchased with another form of payment such as a personal credit card, check or cash.
- You cannot submit a claim for an expense that has already been reimbursed by your Flexible Spending Account.

### Option #2: PAY BACK YOUR ACCOUNT

Mail a **personal check** or **money order** payable to PayFlex for the amount of the transaction(s) for which you are unable to provide supporting documentation.

- The payment you submit will be applied to your PayFlex account to make up for the expenses you are unable to verify.
- Please note: PayFlex cannot accept CASH or CREDIT CARD PAYMENTS.

### After selecting one of options above, please MAIL or FAX to PayFlex

**\*\*Make sure to include your original Request for Documentation letter\*\***

**MAIL:** PayFlex Systems USA, Inc.  
Flex Claims Department  
P.O. Box 3039  
Omaha, NE 68103-3039

**FAX:** 402.231.4303  
(use letter as your coversheet)

