



mySourceCard (Debit Card) Substantiation Form

Important: This form is only for participants with the *mySourceCard* debit card and is used to validate card purchases according to IRS regulation. All Debit card Participants are requested to register their account at the following website www.hradministrators.com and clicking in the *myRSC* link.

Documentation Instructions 1. Attach the receipt from the provider/facility where you charged your FSA eligible expense 2. Do not attach the debit/credit card receipt 3. Be sure the date of service is on the receipt. Prescription claims must include the RX Name or Number, not the cash register receipt. 4. **Over the counter** receipts are acceptable.

Please Check 1 Box :

- New Debit Card FSA Claim Submission
- Information Requested From Human Resource Administrators, Inc.

Employer Name	Employee Name	Daytime Phone Number	Social Security Number
Check Here for New Address: <input type="checkbox"/>	Address:	City	State / Zipcode

Date of Service	Name of Provider/Facility	Nature of Service	Participants Name or Eligible Dependent	Amount

Employee Certification	I certify that these expenses for which I have received reimbursement are from the Flexible Spending Accounts and have been incurred by me and/or my eligible dependents and are not, and will not, be payable by any other plan and will not be deducted on my federal, state or local income tax returns.		
	Employee Signature	Date	E-mail address if we have a claim question

Comments to the Claims Department:

MAIL Claim Form and Receipts to: Human Resource Administrators, Inc., PO Box 8, Center Valley, PA 18034

FAX Claim Form and Receipts to: (610) 282-4216

For more Claim Forms, visit www.HRADMINISTRATORS.COM