HRA
Human Resource Administrators, Inc.

View your account balance at www.hradministrators.com

*my*SourceCard (Debit Card) Substantiation Form

Important: This form is only for participants with the *my*SourceCard 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 *my*RSC link.

Documentation Instructions 1. Attach the receipt from the provider/facility where you charged your FSA/Parking/Transit eligible expense. For HRA expenses, attach your Explanation of Benefits 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 Claim Submission for my **(check one)** □ FSA or □ HRA □ Transit □ Parking

□ Information Requested From Human Resource Administrators, Inc.

Employer Name	Employee Name	Daytime Phone Number	Social Security Number
Check Here for New Address: ☐	Address:	City	State / Zip code

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

Employee Certification

I certify that these expenses for which I have received reimbursement are from the account checked above and have been incurred by me and/or my eligible dependents and are not, and will not, be payable by any other plan, will not be reimbursed or discounted from any other source 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., 1541 Alta Drive, Suite 306, Whitehall, PA 18052

FAX Claim Form and Receipts to: (610) 774-9910

For more Claim Forms, visit WWW.HRADMINISTRATORS.COM