



Keystone Flex Administrators, LLC

DEBIT CARD SUBSTANTIATION – RECEIPTS ATTACHED

Employee Name _____

Employer _____

Number of Receipts Attached: _____

READ CAREFULLY

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form and corresponding receipts were incurred during a period while the undersigned was covered under the Company's Cafeteria Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency and accuracy of all information relating to this claim and receipts which are provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

Employee's Signature

Date

Day Time Phone Number (How Can we Reach you with Questions?)

Please Send Substantiation Receipts to: Keystone Flex Administrators, LLC

Mail To: P.O. Box 5502
Edmond, OK 73083
(Phone: 405-285-1144)

OR: **Fax number:** 405-285-1763 (Toll Free Fax #1-855-259-1779)

Need Assistance? Call, Customer Service Toll Free #1-866-680-8308