## **Summit Card (Debit Card) Substantiation Form**

Important: This form is only for participants with the Summit Card 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 <a href="https://www.hradministrators.com">www.hradministrators.com</a> and clicking on the Summit link.

FSA/Parking/Transit debit/credit card recei	eligible expense. For HF ipt. 3. Be sure the date of	RA expenses, attach of service is on the re	ovider/facility where you a your Explanation of Beneric Prescription claims ter receipts are acceptable	efits. 2. Do not attach the ns must include the RX
		<u> </u>	□ FSA or □ HRA □ Tra	nsit □ Parking
Employer Name	Employee Nan	ae	Daytime Phone Number	Last 4 digits of SS#
Check Here for New Address:	Address Address		City	State / Zip code
Date of Service	Name of Provider/Facility	Nature of Service	Participants Name or	Amount Requested
			Eligible Dependent	+ -
Comments to the Claim	s Department:			
- Continue				
			aimed have been incurred by me and, d from any other source and will not	
nployee Signature:		Date: _		
	Fax: (610) 7 bile App: Download the app,		•	
For mo		nan Resource Administ 1541 Alta Dr, Suite Whitehall, PA 180	2 306,	nistrators.com

HRAdministrators