

SECTION 125 FLEXIBLE BENEFIT PLAN

# BENNY CARD RECEIPT SUBMISSION FORM

For Use with Benny Card Purchases  
**RECEIPTS ONLY \*\*\*\*\*RECEIPTS ONLY**

This is **NOT** a Claim Form for reimbursement

BENNY Employer	My Daytime Phone #	
BENNY Employee's Last Name	First Name	Employee's SS#
BENNY Employee's Address (Street)	City	State Zip
BENNY Expenses Incurred By:	Relationship to Employee:	

**This is Not a Claim Form**

**Check Here if New Mailing Address**

- (1) Complete all pertinent information in the spaces provided, sign, date & return to All Valley Administrators by web account, email, fax or mail.
- (2) Attach an itemized statement or receipt to support use of & payments made by your Benny Card. Multiple receipts are accepted with a single form.
- (3) Statement/Receipts MUST HAVE: Date of Service, providers name and address , services provided & amount of expense purchased on your Benny Card. Daycare must have Tax ID # or SS # clearly listed for approval.

<b>BENNY Dates of Expense:</b>	<u>Multiple Receipts Attached are Acceptable:</u> <b>BENNY MEDICAL Expense':</b>	<b><u>Total Med Paid from BENNY CARD:</u></b>
		\$
<b>BENNY Dates of Expense:</b>	<b>BENNY Day Care Expense:</b> ***	<b><u>Total Day Care Paid from BENNY CARD:</u></b>
		\$

\*\*\* Dependent Day Care: **You may complete this section in lieu of a Day Care statement or receipt.** \*\*\*

Provider's ID #: _____	Provider's Address: _____	
Dependent's Name/s: _____	Date of Services: _____	Amount of Pymt Received: _____
_____	_____	_____
Dependent Care Provider Name	<b>X</b> _____ Dependent Care Provider Signature	_____ Date Signed

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

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature Date

**ALL VALLEY ADMINISTRATORS, LLC**

7525 North Cedar #109, Fresno, CA 93720  
 Phone (559) 447-1600 Toll Free (888) 344-6914 Fax (559) 447-1889  
[benny@allvalleyadmin.com](mailto:benny@allvalleyadmin.com)

To be completed by All Valley Administrators	Date Receipts Received:	Letter/s sent	Date	Approved	Ineligible	Substantiated Date:	RECEIPTS Substantiated By:
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