



## *Benny Card* Submittal of Receipts

**Subject: Benny Card Receipts for transactions already on the Benny Card**

- ▶ Attach copies of your receipts with this cover sheet.
- ▶ Make sure to keep copies of your original receipts for your records.
- ▶ Please submit this form with all faxed or mailed Benny Card receipts.
- ▶ Do not use this form if you paid by another method. This form is for Benny Card purchases only.

Fax To: Advanced Benefit Strategies

Mail To: Advanced Benefit Strategies

Attn: Benny Receipts

Attn: Benny Receipts

Fax #: (860) 673-2207

30 Mill Street

Phone #: (877) 732-8125

Unionville, CT 06085

### **Submittal of Receipts Instructions**

Full Name

Company Name

Social Security Number

Email Address

Work Phone Number

Total Amount of Receipts Provided

**The following information must be included on the receipt:**

1. Name and address of service provider.
2. Date service/expense was incurred.
3. Name of person for whom service/expense was provided.
4. Detailed description of the service/expense provided.
5. Amount charged for the service.

VISIT US ON THE WEB at [WWW.ABS125.COM](http://WWW.ABS125.COM)

OR GO DIRECTLY TO

[WWW.MYBENNY.COM](http://WWW.MYBENNY.COM) TO VIEW YOUR ACCOUNT