



PO Box 2797 ♦ Portland, OR 97208-2797  
 Phone (541) 485-7488 ♦ (800) 422-7038  
 FAX (866) 446-6090  
 www.manleyserv.com

## BENNY™ MASTERCARD® RECEIPT SUBMISSION FORM

### Important – Please Read:

- With the Benny™ Mastercard®, we occasionally require verification of charges. In those cases, we send a Receipt Request letter to participants.
- This form is designed for Benny™ Mastercard® users who would prefer to submit their Benny™ Mastercard® receipts immediately, in case verification is needed, rather than wait for a receipt request letter.
- Sending your Benny™ Mastercard® receipts in advance using this form is *optional*. If you use this form, the following is a list of the required documentation:
  - **For healthcare services:** a copy of the insurance Explanation of Benefits (EOB), billing statements, or account histories for services you have received. Be sure documentation includes the date of service, description of expense, and charges less insurance and discounts.
  - **For prescriptions:** a copy of the prescription slip or a printout from the pharmacy that includes the date, drug name, and amount.
  - **For over-the-counter medications:** a copy of the cash register receipt showing the date, description, and amount.
- This form is *not* a request for reimbursement. We will not reimburse expenses submitted on this form.
- Please send photocopies, not original documentation. (You are required to save all your original receipts.)
- One form may be used for multiple receipts.

EMPLOYEE INFORMATION					
Employer			11-digit Manley ID Number		
Last Name		First Name		M.I.	
Mailing Address (Street)	Apt. #	City	State	ZIP	
Home Phone	Work or Cell Phone			Today's Date	

Please check if address above is new

BENNY™ RECEIPT DETAILS		
Amount	Charge Date	Merchant Name
\$		
\$		
\$		
\$		
\$		
\$		