



Card Transaction Documentation Requests

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If you receive one of these requests you will need to send American Benefits Group the following information to substantiate the transaction(s).

- The name of the provider or vendor
- The name of the participant or dependent the service was for
- The service(s) or purchased item(s)
- The service date - must be within the current plan year
- The dollar amount of the transaction
- If you have a Health Reimbursement Arrangement (HRA) that is linked to your group health plan, we will need a copy of the Explanation of Benefits (EOB) from your health insurance company.

Note: credit card receipts and cancelled checks are not eligible forms of substantiation.

All notices come from Claims@amben.com

Card Transaction Documentation – First Notice

Delivery Method: email

Timing: Once the Card Transaction is Pended – emailed only

Subject: ABG Benefits Card - Transaction Information First Request



##2T00916#####1336948181101

Date: 9/12/2013

Participant Name
Participant Address
Employer: Employer Name

Document Tracking Number: 000-0000-0000

Date	Description	Posted Amount	Account Description
9/10/2013		\$772.61	Flexible Spending Account

Thank you for using your ABG Benefits Card.

Why am I receiving this notice?

Per IRS regulations, the card transaction above must be shown to be an eligible expense. From the card swipe alone, American Benefits Group cannot determine if the expense was eligible. Further documentation is needed.

What documentation do I need to send?

Submit to American Benefits Group an itemized statement from the provider. If you have a Health Reimbursement Arrangement (HRA) that is linked to your group health plan, we will need a copy of the Explanation of Benefits (EOB) from your health insurance company.

Note: credit card receipts and cancelled checks are not sufficient documentation under IRS rules

How do I submit my documentation?

Please print out this notice and return it along with statements and/or EOBs for the card transaction as soon as possible so that we can substantiate this expense. The requested documentation must be received with a copy of this letter/email (not necessary to download any attachments) in our office within 45 days of the request date.

Fax: 877-723-0147

Online: log into your account at amben.com/WealthCare, choose **Pending Claims** from the left menu, find the upload link in the right column (**do not submit as a new claim**)

Mail to: American Benefits Group, PO Box 1209, Northampton, MA 01061-1209

This information is essential in determining the eligibility of this charge, or the benefits to which this expense should be assigned. Failure to provide requested information in 45 days could result in a loss of your card privileges. If you need further assistance please call us at 800-499-3539 (Please select option 2 for the flex department), between the hours of 8:30am-5:00pm EST, Monday-Friday.

American Benefits Group
PO BOX 1209
Northampton, MA 01061-1209
Tel: 800-499-3539
Fax: 877-723-0147
support@amben.com

Card Transaction Documentation - Second Notice

Delivery Method: email and mail

Timing: 15 days after the Frist Request if we did not hear back from them, it will be emailed and mailed

Subject: ABG Benefits Card - Transaction Information Second Request



###2T00916#####1336951392992

Date: 9/12/2013

Participant Name
Participant Address
Employer: Employer Name

Document Tracking Number: 000-000-000-0

Date	Description	Posted Amount	Account Description
8/26/2013		\$15.50	Health Reimbursement

Why am I receiving this notice?

This is a follow-up to the email we sent 15 days ago. Per IRS regulations, the card transaction above must be shown to be an eligible expense. From the card swipe alone, American Benefits Group cannot determine if the expense was eligible. Further documentation is needed.

What documentation do I need to send?

Submit to American Benefits Group an itemized statement from the provider and/or an Explanation of Benefits (EOB) from your Health Insurance.

Note: credit card receipts and cancelled checks are not sufficient documentation under IRS rules

If you have a Health Reimbursement Arrangement (HRA) that is linked to your group health plan, we will need a copy of the Explanation of Benefits (EOB) from your health insurance company.

How do I submit my documentation?

Please print out this notice and return it along with statements and/or EOBs for the card transaction as soon as possible so that we can substantiate this expense. The requested documentation must be received with a copy of this letter/email (not necessary to download any attachments) in our office within 30 days of the request date.

Fax: 877-723-0147

Online: log into your account at amben.com/WealthCare, choose pending claims from the left menu, find the upload link in the right column (do not submit as a new claim)

Mail to: American Benefits Group, PO Box 1209, Northampton, MA 01061-1209

This information is essential in determining the eligibility of this charge, or the benefits to which this expense should be assigned. Failure to provide requested information in 30 days could result in a loss of your card privileges. If you need further assistance please call us at 800-499-3539 (Please select option 2 for the flex department), between the hours of 8:30am-5:00pm EST, Monday-Friday.

American Benefits Group
PO BOX 1209
Northampton, MA 010611209
800-499-3539
877-723-0147
support@amben.com

Insufficient Documentation Notice

Delivery Method: email and mail

Timing: When we receive documentation which is not what is needed. Goes out the day after we process the documentation.

Subject: ABG Benefits Card - Insufficient Documentation Notice



###2T00916#####133941188328

Date: 10/3/2013
Participant Name
Participant Address
Employer: Employer Name

Document Tracking Number: 000-000-000

Date	Description	Posted Amount	Account Description	Reason
9/11/2013		\$292.67	Flexible Spending Account	Insufficient substantiation of claim received.

Thank you for using your ABG Benefits Card.

Why am I receiving this notice?

After reviewing the documentation you previously submitted, we are requesting additional documentation in order to perform a more detailed review of the services/items purchased.

What documentation do I need to send?

Submit to American Benefits Group an itemized statement from the provider and/or an Explanation of Benefits (EOB) from your Health Insurance.

Note: credit card receipts and cancelled checks are not sufficient documentation under IRS rules

If you have a Health Reimbursement Arrangement (HRA) that is linked to your group health plan, we will need a copy of the Explanation of Benefits (EOB) from your health insurance company.

How do I submit my documentation?

Please print out this notice and return it along with statements and/or EOBs for the card transaction as soon as possible so that we can substantiate this expense. The requested documentation must be received with a copy of this letter/email (not necessary to download any attachments) in our office within 45 days of the request date.

Fax: 877-723-0147

Online: log into your account at amben.com/WealthCare, choose pending claims from the left menu, find the upload link in the right column (do not submit as a new claim)

Mail to: American Benefits Group, PO Box 1209, Northampton, MA 01061-1209

This information is essential in determining the eligibility of this charge, or the benefits to which this expense should be assigned. Failure to provide requested information in 30 days could result in a loss of your card privileges. If you need further assistance please call us at 800-499-3539 (Please select option 2 for the flex department), between the hours of 8:30am-5:00pm EST, Monday-Friday.

American Benefits Group
PO BOX 1209
Northampton, MA 010611209
800-499-3539
877-723-0147
support@amben.com

Ineligible Card Transaction Notice

Delivery Method: email and mail

Timing: When the transaction is marked ineligible. Five days later the benefits card is temporarily suspended.

Subject: ABG Benefits Card - Automatic Ineligible Card Transaction Notice



###2T00916#####1339387289329

Date: 10/3/2013

Participant Name
Participant Address

Employer: Employer Name

Document Tracking Number: 0000-0000-0000-0

Date	Description	Posted Amount	Account Description	Remaining Amount	Ineligible Amount	Reason
9/16/2013		\$479.13	Flexible Spending Account	\$479.13	\$69.71	Missing Receipt

Why am I receiving this notice?

It has been determined that the expense listed above does not qualify for reimbursement through your benefit account.

What documentation do I need to send?

Please send a copy of this letter/email with your offset claim or repayment ([download form here](#)) for the amount listed in the **Ineligible Amount** column. Checks should be made payable to: American Benefits Group, PO Box 1209, Northampton, MA 01061-1209. Claims may be faxed to 877-723-0147.

Your Benefits Card will be temporarily suspended in 5 days from the date of this notice. Your card will be reactivated and your account balance will be credited once the ineligible transaction has been resolved. Manual claims received on your account prior to remittance of this payment will be applied to the ineligible expense balance prior to the payment of the claims.

If you have any questions, call us at 800-499-3539 or 413-584-9923 (please select option 2 for the flex department) Monday through Friday, 8:30-5:00pm EST, or email us at support@amben.com.

American Benefits Group
PO BOX 1209
Northampton, MA 010611209
800-499-3539
support@amben.com

Your Card Transaction Has Been Approved

Delivery Method: email

Timing: When the transaction is marked eligible. If the card was suspended it will be reactivated.

Subject: ABG Benefits Card - Transaction Approved Notice



###2T00916#####1339380272046

Date: 10/3/2013

Participant Name
Participant Address

Employer: Employer Name

Document Tracking Number: 000-0000-0000-0

Date	Description	Posted Amount	Account Description
8/22/2013		\$743.00	Dependent Care Account

This email is advising you that your reimbursement account card transaction has been approved. Please disregard any mailed letters you may receive asking for documentation for this transaction.

Thank you,
American Benefits Group

Card Transaction Has Been Resolved

Delivery Method: email

Timing: When an ineligible transaction has been repaid. If the card was suspended it will be reactivated.

Subject: ABG Benefits Card - Transaction Resolved Notice



###2T00916#####13390802851313

Date: 10/1/2013

Participant Name
Participant Address

Employer: Employer Name

Document Tracking #: 0000-0000-0000-0

Date	Posted Amount	Account Description
8/27/2013	\$269.00	Flexible Spending Account

This email is advising you that your reimbursement account card transaction has been resolved. Please disregard any mailed letters you may receive asking for documentation for this transaction.

Thank You,
American Benefits Group