



**Michigan State University
Health Care Spending Account
Meritain mbi Flex Convenience Card
Substantiation Form**

Meritain mbi Flex Convenience Card substantiation may be submitted by fax or mail as follows:

Fax: (517)381-6600

or

Mail: Meritain Health Company

P.O. Box 30132

Lansing, MI 48909

Please Print:

Employee Name: _____

Work E- mail Address: _____

Social Security Number: _____

**Please fax or mail copies of your receipts with this cover sheet.
Be sure to retain a copy for your records.**