



**Michigan State University**  
**Health Care Spending Account**  
**Benny Card Substantiation Form**

**Benny Card substantiation may be submitted by fax or mail as follows:**

**Fax: Local (517) 381 6600 or toll free 1 888 837 3725**

**Mail: Meritain Health Company**

**P.O. Box 30111**

**Lansing, MI 48909**

**Please Print:**

**Employee Name:** \_\_\_\_\_

**Work E-mail Address:** \_\_\_\_\_

**Social Security Number (last 4 digits)** \_\_\_\_\_

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

**Meritain Customer Service: 1 800 748 0003.**