

FLEXIBLE SPENDING ACCOUNTS
SmartFlex Visa – Submittal of Receipts

Attach copies of your receipts to substantiate the purchase of qualified expenses with your SmartFlex Visa. Make sure to keep the original receipts and a copy of this form for your records.

Today's Date	
Company/Employer Name	Zenith Administrators, Inc.
Employee Name	
SSN	
Employee Address	
Email Address	
Employee Daytime Phone	
SmartFlex Card #	
Date of Transaction	

Please submit this form with all faxed or mailed SmartFlex Visa receipts. Do not use this form when submitting manual claims.

If you have questions, contact the Zenith FSA Department at
(206) 281-1580
Toll free 1-800-426-5980, extension 580

Mail this form and your receipts to the address above, or fax to:
ZENITH FSA
(206) 285-4789