



# KEHP Plan Year 2014 Card Substantiation

Use this form to verify your Humana FSA and HRA 2014 card swipes

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**FAX TO: 877-353-9236**

**Employer/Plan Provider:** Kentucky Employees' Health Plan (KEHP)

**Date:**

**First Name:**

**Last Name:**

**Number of Pages Attached:**

**Please send all documentation for 2014 transactions to WageWorks prior to March 31, 2015.**