



**SmartFlex® Card
RANDOLPH COUNTY SCHOOLS**

Submittal of SmartFlex® Card Receipts

Fax To: Tucker Administrators Inc or **Mail To:** Tucker Administrators Inc
Attn: Flex Department **Attn:** Flex Department
Fax #: 704-525-9534 **3800 Arco Corporate Drive, Ste.450**
Charlotte, NC 28273

IMPORTANT!! USE THIS FOR DEBIT CARD CLAIMS ONLY

Full Name

Email Address

Mailing Address

____ - ____ - ____
Social Security Number

RANDOLPH COUNTY SCHOOLS
Company Name

Work Phone Number

SmartFlex® Card Number

INSTRUCTIONS: Attach copies of your documentation with this cover sheet. **If this expense was incurred for your eligible dependent, please write their name and SSN on the documentation.** Make sure to keep copies of your original documentation for your records.

Please submit this form with faxed or mailed SmartFlex® Card receipts/documentation.

Do NOT use this form when submitting manual claims.