

Cardholder Guide

Disputed Point of Sale Transactions

➤ Overview

This guide is intended for Cardholders who are seeking assistance in disputing a Point-of-Sale (“POS”) transaction. This guide describes the procedures for how to dispute POS transactions and includes the dispute form. If you have questions about the process or this guide, please contact your Administrator.

➤ Cardholders: Understanding the dispute process for POS transactions

You, the Cardholder, can dispute POS transactions made using your benefit card by completing the Cardholder Dispute Form. Please fax or email the form and additional information, if necessary, and any other required documentation to your Administrator.

Please read this entire section prior to completing the dispute form.

Time limit to submit disputes

DEADLINE: Disputes must be submitted within 60 calendar days of the transaction date. Your dispute will be evaluated and, if applicable, a provisional credit may be provided. Disputes submitted after the deadline cannot be processed, and you will forfeit your dispute and reimbursement rights.

In the event of incomplete or illegible disputes, you will be contacted for additional information. A complete and legible dispute form must be received before the deadline. The submission date of incomplete and illegible forms will not be recognized. If a complete dispute is not received before the deadline, you will forfeit your dispute and reimbursement rights.

➤ Guidelines for completing the Dispute Form

The cardholder dispute form is intended for a single POS transaction that generated a charge to the benefit debit card. This excludes any transaction or reimbursement claim that you submitted manually. If there was no charge generated to your benefit card, please do not submit this form.

To complete the dispute form, follow these general guidelines:

- Enter the merchant name, transaction date and amount as they appear on your benefit plan participant portal or on a document that you may have requested from your Administrator.
- Check only one reason per form.
- Enter the first 6 digits and the last 4 digits of card number that was used of the disputed transaction in the health benefit card number filed at the bottom of the form.
- If additional, supporting documentation is appropriate, please include. If the transaction occurred on a dependent’s card, the dependent, if over age 18, must sign and date the form. However, as the primary cardholder, please list your name and contact information on the form

If you have questions about the process or guidelines, please contact your Administrator.

Cardholder Dispute Form

Dispute number: _____

Cardholders: FAX this dispute form and any additional information to your Administrator. If you do not know how to contact your Administrator, please contact your Human Resources department. PLEASE PRINT.

Cardholder Name: _____

Cardholder Address: _____

Cardholder Email: _____ Phone # _____

Employer Company Name: _____

Administrator Company Name (listed on card or ask your Human Resources): _____

Merchant/Store name: _____

Transaction amount: _____ Transaction Date (MMDDYY): _____

Fraud:

- Was your card lost or stolen? (YES/NO) Explanation: _____
- Was a police report filed? (YES/NO) If so, please attach. _____
- Were you or anyone authorized by you engaged in the transaction? (Yes/NO) _____
- Other: Please explain on the lines below or provide a letter with additional explanation.

Disputed transaction: Please provide additional explanation below or attach a letter describing your efforts to resolve this matter directly with the merchant and the merchant's responses, including dates. Example: "I did not engage in the transaction that I am disputing". I have contacted the merchant on [date] but have been unable to return the merchandise." Explanation:

Merchant credit not received. Explanation: _____

Other: Please provide additional explanation below or include a letter with a detailed explanation of the disputed transaction.

Under penalty of perjury, I declare that the foregoing is true and correct.

Benefit card number: _____ - _____ XX - XXXX - _____

Cardholder Signature: _____ Date: _____

FOR ADMINISTRATOR COMPLETION

Administrator ID: _____

Administrator contact name: _____

Administrator email address: _____

Cards used fraudulently must be permanently inactivated and a new card issued. By submitting this form, you certify that the card was permanently inactivated on _____ (mmddyy).