



## HOW TO DISPUTE A FRAUDULENT CHARGE ON YOUR HRA AND/OR VACATION DEBIT CARD

**NOTE: It is YOUR responsibility to monitor the transactions on your account – you have 60 days to dispute a charge.**

1. After logging into the portal (via either Participant Edge or Zenith Flex), access the transaction you want to dispute. You can do this by clicking on the transaction in the My Recent Transactions section of the Home page or by clicking the Menu icon in the upper-left corner and then clicking My Transactions.
2. If the transaction is within 60 calendar days of the original transaction date, you will see a DISPUTE CHARGE button in the right corner of the transaction. Transactions older than 60 calendar days will not display the DISPUTE CHARGE button as they are ineligible to dispute.

(\$28.00)	Flexible Spending Account Approved	Card	Aug 30, 2023	
Date Of Service	Aug 30, 2023		RECEIPTS	 PRINT
Description	CARD - POST		No receipts to display.	 DISPUTE CHARGE
Claimant	Michael Bradley			
Account	Flexible Spending Account			
Plan Start Date	Jan 1, 2023			
Plan End Date	Dec 31, 2023			

3. After clicking on the DISPUTE CHARGE button, the DocuSign Card Dispute Form will open in a new browser tab. Click CONTINUE.

### Please Review & Act on These Documents

DocuSign

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 [View More](#)

Please review the documents below.

CONTINUE

OTHER ACTIONS ▾

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#### ➤ 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 complete this form and attach additional information, if necessary, and any other required documentation to send to your Administrator.

4. After reading the first page of the form you will see your information auto-populated on the second page. Fill out the required blank fields, attach any supporting documentation (ex: police report), and sign the form.

DocuSign Envelope ID: 48BA7E9D-5FE1-4101-B2BD-4A85A8068FDC

## Cardholder Dispute Form

Dispute number:

**Cardholders:** Complete this Dispute form and attach any additional information at the end of the form for transactions within 60 calendar days of purchase.

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.

 Please use the attachment tool (left) to attach any additional documentation to be reviewed with this completed form. (optional)

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

Benefit card number:  -  X X - X X X X -

Cardholder Signature:  Date:

 I acknowledge completing this form will not deactivate my card or reissue a new card.

Denied transactions and "Auth Only" Transactions are ineligible for dispute.

FORM A-DISP-2016-10

If you have more than 5 transactions to dispute, please contact your Administrator prior to submitting a dispute form.

5. After completing the form, click **FINISH** in either the upper right corner or bottom of the screen. A copy of the completed form will be emailed to you.

6. If all information is provided and the dispute is approved, you will receive a credit within 10 business days. If any additional information is needed to support your dispute, you will be contacted.