

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.
- Transactions that are in an AUTH or DENIED status are not eligible for dispute.
- Check only one reason per form.
- Submit only one Transaction 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.
- Form must be completed in English.
- Form must be physically signed with a wet signature or e-Signature (when available).

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

Cardholder Dispute Form

Cardholders: FAX or email 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 your card or ask your Human Resources): _____

Merchant/Store Name: _____

Transaction amount: _____ **Transaction Date (MMDDYY):** _____

ONLY ONE OF THE FOLLOWING SECTIONS MAY BE SELECTED AND MUST BE COMPLETED IN ENTIRETY

Duplicate Transaction – I certify that the charge in question was a single transaction but was posted twice to my statement on _____ (MMDDYY) and _____ (MMDDYY). I did not authorize the second transaction. I contacted the merchant on _____ (MMDDYY), but resolution has not been provided.

Payment made by other means – My card was used to secure a purchase, but payment was made by other means. I contacted the merchant on _____ (MMDDYY), but resolution has not been provided. (You must attach proof of payment made by other means)

Charged wrong amount – I authorized a transaction with this merchant for \$_____, but instead was charged \$_____. I contacted the merchant on _____ (MMDDYY), but resolution has not been provided. (Please attach proof of original authorized charge.)

Merchant credit not received – I expected to receive a credit of \$_____ related to this transaction but have not received the credit. I contacted the merchant on _____ (MMDDYY), but resolution has not been provided. Please provide the reason for the expected credit: _____

Service not provided – I have not received the service that was to be provided to me by the expected date of _____ (MMDDYY) I contacted the merchant on _____ (MMDDYY), but resolution has not been provided.

Issue with goods ordered – I authorized the purchase of goods from the merchant, but the following issue occurred:

- Goods were not received. Goods were expected to be received by _____ (MMDDYY) but have not yet been received. I contacted the merchant on _____ (MMDDYY), but resolution has not been provided.
- The goods were received but were damaged/defective or not as described. I contacted the merchant on _____ (MMDDYY), but resolution has not been provided. Explanation: _____

Subscription/Service cancelled – I previously authorized payment with this vendor but cancelled the service or subscription on _____ (MMDDYY). (Proof of the cancellation request **must** be attached)

Fraud

- Did you ever receive this card? Yes / No
 - o Explanation: _____
- Is the card still in your possession? Yes / No
- Was your card lost? Yes / No
- Was your card stolen? Yes / No
 - o 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
- If you have the card in your possession and the transaction was NOT authorized, please provide an explanation of what has occurred. _____

- Was your account Illegally accessed and/or modified? Yes / No
 - o Explanation: _____
- Did you provide your account or login/pin information to anyone? Yes / No
If yes, please describe the circumstances:

Other:

If none of the above options apply, provide a detailed explanation for the reason of Dispute:

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

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

Cardholder Signature: _____ Date: _____

¹Primary Accountholder Name: _____

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¹(required only if the cardholder is under the age of 18)