

FLEX DEBIT CARD REFUND FORM

This form is to be used for reimbursing your employer for ineligible purchases made with your Flex Debit Card. Please mail to:

Crosby Benefit Systems
 Flex Debit Card Refund
 P.O. Box 929125
 Needham, MA 02492-9125

Instructions			
<ol style="list-style-type: none"> 1. Complete one form for each refund. 2. Make a check payable to your EMPLOYER for the amount of the refund (please include tax for ineligible items where applicable). 3. Mail this form and your check, to Crosby Benefit Systems at the address listed above. 4. Crosby Benefits will credit your account for the ineligible or undocumented purchase. 5. Temporarily deactivated cards will be reactivated within 5 business days of receipt of this form and your payment. 			
Please check a box: <ul style="list-style-type: none"> <input type="checkbox"/> Lost receipt <input type="checkbox"/> Complete purchase was ineligible <input type="checkbox"/> Partial purchase was ineligible 			
Employer Name	Employee Name	Daytime Phone Number	SSN/EEID
Date of Purchase	Total of Original Purchase \$	Refund Amount \$	
Employee Signature		Date	Email Address
Comments:			

Crosby Benefit Systems, Inc.
 Phone 800-462-2235

