

FLEX DEBIT CARD REFUND FORM

Use this form to reimburse your employer for ineligible purchases made with your Flex Debit Card and mail the completed form to:

Crosby Benefit Systems
 Flex Debit Card Refund
 27 Christina Street
 Newton, MA 02461

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. Your account will be credited for the ineligible or undocumented purchase. 5. Temporarily deactivated cards will be reactivated after your check is received, within approximately 4 business days. 			
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:			

