

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

