Refund Claim Form

Your claim is important to us! To ensure your refund is handled to the best of our ability, we ask that you fully and accurately complete this Claim From. We have provided guidelines below to assist in the process.

Participant's Responsibility in Seeking a Refund:

- Notify the Customer Service Department of your benefit administrator by the 3rd of the benefit month.
- You must purchase the same transit product(s) as ordered and submit a photocopy of the receipt as proof of purchase with the claim form. ***(note: the receipt is <u>not</u> the email confirmation that you receive with your order)***
- If the incorrect product was sent in error you are required to return that product by mail and it must be received by the 10th of the month.
- In order for the claim to be considered for a refund, this form, a photocopy of the replacement pass receipt and the incorrect product (if applicable) must be submitted and received **no later than the 10th** of the benefit month of intended use.
- Claim forms can be mailed or faxed to the following:

  Mail to: Attn: Customer Service- Refunds
  PO Box 70
  New Town, MA 02456
  Fax: 617-904-1680

Please select one of the following requests:

- ☐ I never received my Commuter Benefits order in the mail.
- ☐ I received the incorrect product(s)
- ☐ Other_____

Please enter the Reference Number of your Commuter Benefits Order: _____
This number can be found in your confirmation email or in the fulfillment letter enclosed with your order.

Please complete the Commuter Benefits order information below:
Transit Authority_____ Transit Product_____ Quantity_____

Please complete your personal information below:
Name_____ Employer _____
Address 1 _____ Phone Number _____
Address 2 _____
City _____ State _____ Zip _____

Statement of Acceptance: (please check box to verify acceptance)

- ☐ I have read and agree to the above Participant Responsibilities required to receive a refund. I further acknowledge that I did not receive my Commuter Benefits order in the mail OR I received the incorrect product. I understand that providing inaccurate or incomplete information will disqualify me from receiving my refund. I understand that submitting this form does not guarantee a refund, and that refunds will be determined by the policy set by my employer, benefit provider, and cooperating Transit Authority[1] policies.

Signature_____ Date_____

Comments:_____

[1] The following Transit Authorities/products, including but not limited to MTA – Long Island Rail Road, MTA – Metro North Railroad, MBTA Charlie Card, CTA – Orca, Chicago Card Plus, Washington Metro-SmarTrip Card, METRO Houston – QCard, Clipper Card, PATCO Freedom Card, Breeze Card, TAP Card, Metra, and Compass Card have their own unique refund/replacement policies and thus are not covered by this Refund Policy.