

Reimbursement and Replacement Claim Form

Please use this form if you:

- (1) received different product(s) than what you ordered
- (2) did not receive your product(s) in the mail; or
- (3) are requesting replacement of a lost or stolen product

- Lost or stolen products may be replaced no more than once per calendar year at the sole discretion of Edenred Commuter Benefits.
- False or fraudulent reporting of a lost or stolen product may result in a loss of benefits from the commuter benefits provider and may be reported to local law enforcement authorities as a violation of applicable laws.

Instructions:

- For reimbursement claims, mail or fax this completed form, along with all required documents, by the 10th of the intended month of use (*i.e. for Products being used as of January 1st, you need to send this form by January 10th*).
- For replacement claims, mail or fax this completed form, along with all required documents, as soon as your product is lost or stolen.
- You must purchase or replace the same transit product(s) as your original order.
- Provide a copy of your receipt for the correct pass you purchased (Proof of Purchase).*
- If you received the incorrect product, enclose it in the envelope along with all required documents, and mail it to the address listed below.

PLEASE NOTE: We are not responsible for returned product(s) not received. It is advisable to send your return back through a method that can be traceable.

**Photocopies of passes and/or your confirmation email from Edenred Commuter Benefits does not qualify as proof of purchase and will not be accepted.*

Complete this form with all required documents and send to:

Mail:
Attn: Customer Service – Reimbursements
PO Box 540515
Waltham, MA 02454

Fax (for undelivered pass claims only):
617-904-1680
Attn: Customer Service – Reimbursements

Reimbursement or Replacement Claim Form

Please use this form if you received an incorrect product or are requesting to replace a lost or stolen product.

Account Information

First Name	_____	Last Name	_____
Address 1	_____	Address 2	_____
City	_____	State	_____
Zip Code	_____	Phone	_____

Order Information

Reference Number: _____
(Found in your online Commuter Benefits account, under *My Orders*)

Employer: _____
(Found in your confirmation email or in your order's fulfillment letter)

Transit Authority: _____

Transit Product: _____

Quantity: _____

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

I have read and agree to the above stated Requirements to receive a reimbursement or replacement. I further acknowledge that: (a) I did not receive the product(s) I ordered, or (b) I received the product(s) ordered and they have been lost or stolen and are not in my possession or the possession of anyone in my household. I understand that providing inaccurate, incomplete or false information will disqualify me from receiving my reimbursement or replacement. I understand that submitting this form does not guarantee a reimbursement or replacement, and that reimbursement or replacement will be determined by the policy set by my employer, benefit provider, and cooperating transit authority policies.

Signature (required): _____ **Date** (required): _____

Comments:

