

Refund Claim Form

Please use this form if you believe your transit pass was lost in the mail **or if you received an incorrect product**. Please note that transit products which are lost or stolen after you have received them are not covered under the Refund Claim process.

Please note: Some transit authorities and products have their own unique refund or replacement policies and thus are not covered by this Refund Claim Policy, including but not limited to the following:

Breeze Card (MARTA)	Charlie Card (MBTA)	Chicago Card Plus (CCP)
Clipper Card	Compass Card	Enterprise Vanpool
Freedom Card (PATCO)	GoTo Card (Metro MN)	GoVentura (Ventura County)
Long Island Railroad (Monthly)	Metro North Railroad (Monthly)	MDTA
METRA	ORCA	PATH SmartLink
QCard (Metro Houston)	SmarTrip (WMATA)	TAP (LA County)
VPSI Vanpool	Commuter Check Card Prepaid MasterCard®	(If Available)

For all other transit products, please follow the participant guidelines below.

Requirements

In seeking a refund, you must:

- Notify your benefit administrator by the 3rd of the benefit month
- Purchase the same transit product(s) as your original order
- Acquire and photocopy your **receipts** (Proof of Purchase)

Note: Photocopies of passes and/or email confirmations of your orders do not qualify as proof of purchase and will not be accepted.

You must also submit:

- this completed Refund Claim Form
- a photocopy of the replacement pass receipt (Proof of Purchase)
- the incorrect product (if sent to you in error)

All required materials must be submitted and received no later than the 10th of the benefit month or month of intended use. All claims received after that date will be denied.

Fax:
617-904-1680

You can also use the attached cover sheet for your convenience.

Mail to:
Attn: Customer Service- Refunds
PO Box 70
New Town, MA 02456
Refund Claim Form

Refund Claim Form

Your claim is important to us! All Refund Claim Forms are subject to review. For best results, this Refund Claim Form must be accurate and must be received by the **10th of the benefit month.**

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 complete the Order Information below:

Reference Number _____

(Required: This can be found in your confirmation email or in your order's fulfillment letter)

Transit Authority _____

Transit Product _____

Quantity _____

Please complete the Account Information below:

Name _____ City _____

Employer _____ State _____

Address 1 _____ ZIP _____

Address 2 _____ Phone _____

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

I have read and agree to the above stated Requirements 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 policies.

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

Comments: _____

Refund Claim Form

Fax

To: Customer Service - Refunds From:

Fax: 617-904-1680 Pages:

Phone: Date:

Re: cc:

Urgent For Review Please Comment Please Reply Please Recycle

● Comments: