



Claim Dispute Form

Use this form to authorize participant reimbursement for a disputed claim for reasons stated below. A \$25.00 reactivation fee will be assessed for processing claims for closed plan years or after termination runout.

Choose one:

Unapproved Point of Sale Transaction – Benefits Card was used in an unauthorized transaction. You will also need to complete the [Disputed Charge Claim Form](#) (Please note there are time frames dictated by your cardholder agreement of when this needs to be submitted.)

Manual Claim Denial – Manual claim was denied – see this link for guidelines – [ERISA Claims Review](#)

Termination Runout Expired – my claim was submitted and denied after the 60 day runout period after my termination (or specified number of days by my former Employer)

Plan Year Runout Expired – my claim was submitted and denied after the 90 day runout period of the plan year (or specified number of days by my Employer)

All fields below must be completed

Employer Name: _____

Participant Name: _____

Claimant Name: _____

Account Type (circle): FSA Medical / DCAP / HRA / Commuter Plan Year: _____

Today's Date: _____ Date of Service: _____

Date processed through insurance/EOB date/transaction date: _____

Explanation: _____

Participant Signature: _____ Date: _____

Employer Approval: _____ Date: _____

This form must be completed by the Employer, and returned to BBP Admin. Your approval of this disputed claim will incur the fee listed above in your next invoice from BBP Admin. If you have questions please contact us at support@bbpadmin.com