



Standard Transaction Dispute Form

THIS FORM MUST BE COMPLETED AND SUBMITTED EVOLUTION BENEFITS WITHIN 90 DAYS OF TRANSACTION THAT IS BEING DISPUTED. OTHERWISE THIS COULD EFFECT TRANSACTION DISPUTE RIGHTS

Description	Response
TPA Name	Horizon Blue Cross Blue Shield of New Jersey
Employee Name	
Employee Address	
Employee Phone	
Employee Email Address	
Employee Benny Card Number	
Transaction Amount	
Transaction Date	
Merchant Name	
Transaction Reference Number	
Employee Signature	
Today's Date	
Reason for Dispute	(without a reason we cannot process this dispute)

All information on this form is necessary to research your disputed transaction. Incomplete forms can delay the dispute process. Please sign and date the form. You can then fax or mail your form by addressing it to:

***Benny Card Transaction Dispute Services
Fax Number (860) 676-8695
Or mail it to:***

***Evolution Benefits, Inc.
Benny Card Transaction Dispute Services
22 Waterville Road
Avon CT, 06001***