



Horizon Blue Cross Blue Shield of New Jersey

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HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY CHECK REISSUE REQUEST FORM

To date, I have not yet received my Flexible Spending Account reimbursement check, Ck# _____, dated _____, released by Horizon Blue Cross Blue Shield of New Jersey in the amount of \$ _____.

At this time I would like to request a new check. I understand that a stop payment will be place on this check if still outstanding, and should I, at a future date, receive the original check I will return it to HBCBSNJ.

(GROUP NAME)

(PHONE NUMBER)

(PRINT NAME)

(DATE)

(SIGNATURE)

(ID #)

Please sign and date this request and fax to: **973-274-2215**