



Cardholder's Guide

Policy for Disputed POS Transactions

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Overview

This guide is for cardholders, who use Metavante Benefits Cards for point-of-sale (POS) purchases of goods and services. Occasionally, you, as a cardholder, will need to dispute a POS transaction. When that happens, you can follow the procedures outlined in this guide. In addition to describing the procedures for handling such claims, the guide provides a claim form for disputing POS transactions.

If you have any questions about the procedure or this guide, contact your administrator.

Cardholders: Understanding the Claims Process for POS Transactions

You, the cardholder, can dispute point-of-sale (POS) transactions made with the Metavante Benefits Card by completing the “Metavante Healthcare Payment Solutions Cardholder Claim Form” and faxing it, a cover letter, and any other required documentation to your administrator. Metavante Bankcard Services does not accept claim disputes directly from cardholders. If you do not know who your Third-Party Administrator for your card program is, please contact your Human Resources Department.

This document describes guidelines for completing the form and writing a cover letter. *Please read this entire section before completing the claim form.*

Time Limits to Submit Claims

MasterCard®, Visa® or American Express® resolves claims, with either reimbursements or denials. Claims must be submitted within certain time limits, which vary according to the reason for the claim. Any claims submitted after the deadline cannot be processed, and you forfeit your rights for reimbursement.

You can dispute only transactions that post to your account; authorizations that did not post to your account are not considered. Use the **Transaction Date** appearing on the cardholder’s website or in a transactions report as day one (1) when calculating the date marking the allowed time limit. The time limits are expressed in calendar days, not business days.

Metavante Bankcard Services must receive the completed claim form and other documentation from your administrator within the time limits shown in the table below. Claims received by 2:30 pm ET are considered received as of that day; if it is a business day; if it is not a business day, the claims are considered received as of the next business day. Claims received after 2:30 pm ET are also considered received as of the next business day.

<i>Reason for Disputing Transaction</i>	<i>Time Limit in Calendar Days</i>
Request for Signed Sales Receipt Only	110
Fraud	110*
Disputed Transaction	110
Defective or Wrong Merchandise	110
Amount of Sales Charge Increased After the Sale	110
Items Charged had Already Been Paid by Other Means	110
Recurring Charges after Cancellation	110
Merchandise or Services Not Received	110
Credit from Merchant Not Received	110
Double or Multiple Charges	110
Expired Card	110
Authorization Request was Declined	35
Incorrect Account Number or Account Number Not on File	35

* In addition, Metavante Bankcard Services must receive complete documentation for Fraud claims within 20 calendar days of the cardholder signing and dating the claim form and cover letter.

Process for Disputed Transactions

After Metavante Bankcard Services receives the forms and documentation for disputed transactions from your administrator, it enters the information into the appropriate card system—MasterCard[®] or Visa[®], or American Express[®]. Metavante Bankcard Services also forwards the original documents to the designated card company. Within 5 business days, Metavante Bankcard Services will notify your administrator of the claim's status or outcome.

Metavante Bankcard Services will also notify your administrator of incomplete or illegible claims. Your administrator then contacts you. The claims must be resubmitted and be complete and legible within the allowed time limit. The submittal date of incomplete and illegible forms is *not* recognized. If a complete claim is not received by Metavante Bankcard Services within the time limit for its type, you forfeit any rights to reimbursement.

Guidelines for Completing the Claim Form

The “Metavante Cardholder Claim Form” is for a *single* POS transaction that:

- Occurred with a Metavante Benefits Card.
- Generated a charge to the Metavante Benefits Card and resulted in a force-post entry within the Benefits Payment System (formerly MBITIME) only. This excludes any transaction or claim that you submitted manually to the administrator.

Any issues or transactions that did not meet one of the above conditions cannot be addressed with this form.

To complete the claim form, follow these general guidelines:

- Enter the merchant name and transaction date and amount as they appear on the BPS cardholder website or on a statement that you might have requested from the administrator.
- Check only one reason per form.
- Enter the card number that was used for the disputed transaction in the Metavante Benefits Card # field at the bottom of the form.
- Sign and date the letter. If the transaction occurred on a dependent’s card, the dependent, if aged 18 or over, must sign and date the form as well as write the cover letter. However, as the primary cardholder, you must be identified on the fax cover sheet. If the cardholder is a minor, clearly say so in the cover letter.
- Submit all supporting documentation as described for the claim reason to your administrator for processing.

If you have questions about any of these guidelines, please contact your administrator.

Guidelines for Writing the Cover Letter

In writing your cover letter for a claim, focus on the facts relating to the disputed transaction and include as much information as possible. Be sure to include the information required for each claim type as described below.

Fraud Claim

Describe the circumstances of the fraudulent transaction in detail. State whether you or anyone authorized by you possessed the card at the time of the transaction. In addition, state that neither you nor anyone authorized by you made the transaction. If the card was stolen, include a police report, if you made one.

Other Types of Claims

Before you file any of these claims, you must have attempted to reconcile the issue with the merchant, but failed. Describe your actions, the merchant's responses including paraphrases, and dates of your attempts in the cover letter.

Note: The additional statements, descriptions, or documents described below are required.

Merchandise or Services not Received

When communicating with the merchant, it is recommended that you do so by certified letters. When filling in your claim form, include the following statement in the cover letter: "I have not received the merchandise or services represented by the disputed transaction. The expected date of delivery or service was [Day, Month, Year], and it is now 30 days after this date."

Disputed Transaction

Include this statement in your cover letter: "I did not engage in the transaction that I'm now disputing. Although I contacted the merchant, I have been unable to return the merchandise or to reach an acceptable resolution."

Amount of Sales Charge Increased after the Sale

Include in the cover letter this statement: "The amount entered on the sales receipt was increased from [\$0.00] to [\$0.00]." In addition, send a copy of the sales receipt prior to the price change with the claim form.

Items Charged Paid by Other Means

Include the following statement in the cover letter: "I previously paid for the [goods or services] by means other than my Metavante Benefits Card. I enclose a copy of the front and back of the [cancelled check, money order, cash receipt, credit card statement, or other documentation] as proof of the purchase being made by other means."

Note: You can file this claim only when you, not a third party, such as an insurance company, paid for the item with means other than the Metavante Benefits Card, and the merchant then charged the Metavante card.

Credit from Merchant not Received

Include the following statement in the cover letter: "I did not receive credit from the enclosed credit voucher within 45 calendar days from the date it was issued to me by the merchant named." In addition, include a copy of the credit voucher.

Recurring Charges after Cancellation

Include the following statement in the cover letter: "On [date] I notified the merchant to cancel the monthly/yearly agreement. Since then, my Metavante Benefits Card has been charged [x] times." In addition, provide proof of notification, such as a certified letter receipt, confirmation from the merchant, or copy of an email.

Other – (For Example) Defective or Incorrect Merchandise

In addition to your description of the merchandise, include a published description of the merchandise in the cover letter.

Double or Multiple Charges

You do *not* need to send a cover letter with the claim for this dispute, but must complete the "Cardholder Claim Form."

Note: All disputed transactions must be for the same time, date, amount, and merchant.

Request for Signed Sales Receipt Only

You do *not* need to send a cover letter with the claim for this dispute but must complete the "MHPS Cardholder Claim Form."

Authorization Request Declined

You do *not* need to send a cover letter with the claim for this dispute but must complete the “MHPS Cardholder Claim Form.”

Note: This claim can only be filed for transactions *above* the floor limit in which the authorization request was declined. Only the dollar amount above the floor limit can be charged back.

Claim #

MHPS Cardholder Claim Form

Cardholders: FAX this claim together with a cover letter to your administrator. If you do not know who the administrator is that manages the card benefit program, please consult your Human Resources Department.

Administrator ID _____

Administrator Company Name _____

Administrator Contact Name _____

Administrator Email Address _____

Merchant Name _____

Transaction Amount _____ Transaction Date _____

Cardholder Name _____

- Request for Signed Sales Receipt Only:**
- Recurring Charges after Cancellation:** Requires a letter that includes this statement: "On [date] I notified the merchant to cancel the monthly/yearly agreement. Since then my Metavante Benefits Card has been charged [X] times." In addition, provide proof of notification, such as, a certified letter receipt, confirmation from the merchant, or copy of an email.
- Double or Multiple Charges**
- Authorization Request Declined on** _____.
- Fraud:** Requires a letter detailing the circumstances surrounding the fraud claim, including the specific transaction and amount under dispute. If the card was stolen, a police report is also required. You must also state that neither you nor anyone authorized by you engaged in the transaction.
- Merchandise or Services not Received:** Requires a letter describing your efforts, preferably via certified letter, to resolve this matter directly with the merchant and the merchant's responses, including dates. Include this statement: "I have not received the merchandise or services represented by the disputed transaction. The expected date of delivery or service was [date]."
- Disputed Transaction:** Requires a letter describing your efforts to resolve this matter directly with the merchant and the merchant's responses, including dates. Include this statement: "I did not engage in the transaction that I'm now disputing. I have contacted the merchant but been unable to return the merchandise and/or have not succeeded in reaching an acceptable resolution."
- Amount of Sales Charge Increased after the Sale:** Requires a copy of the sales receipt prior to the price increase and this statement: "The amount entered on the sales receipt was increased from \$[0.00] to \$[0.00]."
- Items Charged Paid by other Means:** Requires a letter describing your efforts to resolve this matter directly with the merchant and the merchant's responses, including dates. Include this statement: "I already paid for the goods/services by means other than my Metavante Benefits Card. I have provided a copy of the front and back of the cancelled check, money order, cash receipt, credit card statement, or other document as proof of payment."
- Credit from Merchant not Received:** Requires a letter describing your efforts to resolve this matter directly with the merchant and the merchant's responses, including dates. Include this statement: "I did not receive credit from the enclosed credit voucher within 45 calendar days from the date it was issued to me by the merchant named."
- Other:** Requires a letter with a detailed explanation of the disputed transaction.

Under penalty of perjury, I declare that the foregoing is true and correct.

Metavante Benefits Card Number _____

Cardholder Signature

Date

Phone Number