



FAX: 603.415.3099  
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 Email: benefitadvantage@healthtrustnh.org

## Request to VOID/REISSUE a Payment

Participant Information				
Participant Name:			Participant Phone:	
Employer:			Date:	
Reason for Request:	<input type="checkbox"/> Check Outdated (attach check)	<input type="checkbox"/> Check Lost	<input type="checkbox"/> Check Never Received	<input type="checkbox"/> Direct Deposit never received (attach statement)
Check # or Direct Deposit:		Date Issued:		Amount: \$
If payment was Direct Deposit, please confirm Bank Name:				
Bank Routing Number:			Bank Account Number:	
<p><i>HealthTrust is not responsible for any bank fees related to expenditures made before a deposit is credited to your account by your financial institution. It is your responsibility to verify that the funds are in your account before you expend them.</i></p> <p><i>Outdated check must be returned to HealthTrust attached to this form.</i></p> <p><i>I understand a new check will not be issued until 14 business days after the initial issue date of the check. If I receive the original check, I agree not to cash it and return it to HealthTrust. I understand there will be a \$25 fee charged if I cash the original check.</i></p> <p><i>Under penalties of perjury, I declare that I have completed this form and to the best of my knowledge and belief, it is true, correct, and complete. ***Form is not valid unless signed by participant. Digital signatures not acceptable***</i></p>				
PARTICIPANT SIGNATURE***			DATE:	
Benefit Advantage Rep:			DATE:	
Notes: Please sign and return.				
ACCOUNTING DEPARTMENT USE:				
<input type="checkbox"/> <b>CASHED</b> <i>Provide copy of front and back of check to Account Manager</i>		Have: <input type="checkbox"/> DD Charge back or <input type="checkbox"/> Ptp Bank Statement <input type="checkbox"/> Reissue DD		<input type="checkbox"/> Check Voided <input type="checkbox"/> Reissue Check
Accounting Rep:			Date:	
			Replacement Check # or DD:	
			Date Replacement Check or DD Processed:	
			Replacement Issued By:	

**Please Note:** This form must be submitted to Accounting for all requests.