

Horizon BCBSNJ
PO Box 829
Newark, NJ 07101

SENTHIL MURUGAN
110 GALWAY CIR
CHALFONT, PA 18914-3900

Employer Name: MERCK (LSP)
Employer Code: MRK002
Participant
Account ID: 0000201350
Date: 3/16/2016

Ineligible Notice - Action Required

Dear SENTHIL MURUGAN:

Our records indicate that you incurred the following expense(s) with your Horizon MyWay Prepaid Benefits Card. After further review, we have determined that the expense(s) do not comply with IRS regulations as outlined in the "My Use of Card Promises" which was included in the original card mailing, you are required to return the money to your account.

Please return this letter with your payment for the amount listed in the "Amount Due" column. Checks should be made payable to Horizon BCBSNJ and mailed to the following address for proper handling:

Horizon Blue Cross Blue Shield of NJ
P.O. Box 829
Newark, NJ 07101-0829

Your account balance will be credited for this amount as soon as your payment has been processed. Your Horizon MyWay Prepaid Benefits Card will be temporarily suspended if payment is not received within 5 days.

Thank you for your cooperation. If you have any questions, please call our office at (877) 663-7258 between the hours of 8am and 6pm (EST), Monday through Friday.

Sincerely
Merck Flexible Spending Account Team

<u>Claim No.</u>	<u>Plan Name</u>	<u>Transaction Date</u>	<u>Merchant</u>	<u>Claim Amount</u>	<u>Payment Received</u>	<u>Amount Due</u>
MRK002151021D0003901	2015 Unreimbursed Medical	10/19/2015	LMG FAMILY PRACTICE PC	\$45.38	\$0.00	\$45.38

Ineligible Reason: You have not sent the required substantiation (e.g. receipt) for this expense, therefore we must deny this claim as invalid.

Action Required: If you find or obtain valid substantiation for this expense, please send to us immediately with this letter and we will reconsider qualification of the claim.

Amount: \$45.38 **Please send payment.**

Comments: Auto Denied With Repayment

CONTACT INFORMATION

Horizon BCBSNJ
Horizon BCBS NJ
PO Box 829
Newark, NJ 07101

Phone Number: 877-663-7258
Fax Number: 973-274-2233
Email Address: cdhproduction@horizonblue.com