



- To submit this form once completed, choose one of the following methods.
- **SEP Message Center** (*most secure method*):  
[Log in](#) to your Secure Enrollee Portal account and click on Message Center.
  - **FAX: 603.415.3099**
  - **Email: [benefitadvantage@healthtrustnh.org](mailto: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 Check Outdated (attach check)	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:		

*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.*

*Outdated check must be returned to HealthTrust attached to this form.*

*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.*

*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 are not acceptable.\**

*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.