Date

Name

Subject: BlueFund Account Overpayment

Spending Account ID#:

Account Type:

Total Payment: $

Overpayment Amount: $

Reason for Overpayment:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Purchase Date** | **Claim Number** | **Claim Amount** |
|  | 4/26/2018 | 123456789 | $10.00 |
|  | 4/25/2018 | 234567890 | $10.00 |
|  |  |  |  |

CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. (CareFirst) has partnered with Further™ to administer your health care spending account(s). Further has been notified of an overpayment made for the claim(s) listed above. To maintain the tax-advantaged status of your plan according to IRS regulations, please return this overpayment in the return envelope provided, including a copy of this letter and a check payable to Further.

If you have additional questions about this overpayment, please call Further’s BlueFund Customer Service Center at 866-758-6119, Monday – Friday from 8 AM to 9 PM EST; or Saturday – Sunday 9AM to 5PM EST. You can also email your question to carefirstcustomersolutions@hellofurther.com. You will need your Spending Account ID number available for account assistance.

Sincerely,

Further

CareFirst’s BlueFund Account Administrator

Return Envelope Enclosed