



Horizon Blue Cross Blue Shield of New Jersey

MEMBER REQUEST: HRA CHECK REISSUE FORM

By completing this form

- I am requesting that Horizon Blue Cross Blue Shield of New Jersey stop payment on the plan check I have indicated.
- I understand that should I receive the original check, it is not to be cashed. I will return the check to Horizon Blue Cross Blue Shield of New Jersey for proper handling.

The address for returning the check is: Horizon Blue Cross Blue Shield of New Jersey
 CDH Dedicated Team
 PO Box 1369
 Newark, NJ 07105

You may also fax the completed form to Fax (973) 274-2215.

Please complete all the required fields of the form in order to start the process of getting a check reissued. If you need assistance completing this form please call the dedicated Horizon BCBSNJ Customer Service line at (800) 224-4426.

Please select the reason you are requesting a check be reissued.

Reasons: Lost Check Never Received Damaged Check Rejected by Bank

Recipient Information (Fill out all applicable information):

Recipient/Sub ID: _____

Recipient Name: _____ Phone Number: _____

Mailing Address: _____

Check Information (Original):

Check No: _____ Check Date: _____ Check Amount: \$ _____

Additional Information/Special Instructions:
