

# TRANSPORTATION REIMBURSEMENT CLAIM FORM

Complete in **BLACK INK**. Use only **CAPITAL LETTERS** and completely fill in ovals.

## FOR PARTICIPANT QUESTIONS

Fax Claims To: ..... 1-877-353-9236  
Online Account: ..... www.ee-commerce.com  
Customer Service/Automated Inquiry: ..... 1-800-577-3322



TMA

## SECTION 1: EMPLOYEE INFORMATION

Grid for entering SSN, Employee ID, or Participant ID.

SSN       PARTICIPANT ID  
 EMPLOYEE ID

\*\*Enter either SSN, Employee ID, or Participant ID

\*\* COMPANY NAME \_\_\_\_\_ \*\*DIVISION (if applicable) \_\_\_\_\_ \*\* DAYTIME PHONE \_\_\_\_\_

\*\* EMPLOYEE LAST NAME \_\_\_\_\_ \*\* EMPLOYEE FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

\*\* ADDRESS \_\_\_\_\_ \*\* APT # (If applicable) \_\_\_\_\_

\*\* CITY \_\_\_\_\_ \*\* STATE \_\_\_\_\_ \*\* ZIP \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

## SECTION 2: YOUR CLAIMS

<input type="text"/>	<input type="text"/>	<input type="radio"/> Mass Transit <input type="radio"/> Parking	<input type="radio"/> Train <input type="radio"/> Bus	<input type="radio"/> Van Pool <input type="radio"/> Commuter	<input type="radio"/> Other	\$ <input type="text"/>
** Service Start Date MMDDYY	** Service End Date MMDDYY	** DESCRIPTION OF EXPENSE				** Amount Requested

\*\* Denotes Required Information.

\*\*TOTAL EXPENSES \$

## SECTION 3: CERTIFICATION

**PLEASE READ INSTRUCTIONS AND CERTIFICATION STATEMENT THOROUGHLY.**

I certify that I have incurred these eligible expenses. These expenses have not been reimbursed prior to this submission and are not reimbursable from any other source. I agree it is my responsibility to return any duplicate reimbursement received from any other source to my account. I agree I am responsible for any and all bank, savings, and checking account charges that I incur. I agree to indemnify and hold harmless the Claims Administrator from any responsibility relative to my credit status. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read all printed material describing this program inclusive of the plan communication materials and all administrative materials defining the operation of this plan. I certify that I am responsible for compliance with all applicable administrative processes, tax regulations and documentation. I will retain a copy of this form and all original receipts for my records.

**A written signature is required on all claims.**

\*\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **How To Prepare Your Transportation Reimbursement Claim Form:**

### **Step 1**

Complete all employee and expense information. This form is processed electronically. Print clearly and only in the spaces provided.

### **Step 2**

You can be reimbursed only to the monthly maximum defined by IRS regulations and employer limits.

### **Step 3**

Sign and date the form. Be sure to read the certification statement before signing.

### **Step 4**

**Submit the completed claim form with copies of supporting documentation by fax (preferred method) to 1-877-353-9236.**

As an alternative, the completed claim form and documentation can be mailed to:

Claims Administrator  
PO Box 14053  
Lexington, KY 40511

**Keep all original supporting documentation including receipts for possible verification of expenses.**