WageWorks

Life just got easier

www.wageworks.com

Commuter Benefits

Pay Me Back Claim Form

TOLL-FREE FAX: (877) 353 - 9236

Or, mail to: Claims Administrator, PO Box 14053, Lexington, KY 40511

ACCOUNT HOLDER INFORMATION

Last Name

First Name

Soc. Sec. # (last 4 digits)

Employer / Program Sponsor's Name

Zip Code

Birth Month/Day (MM/DD)

Email Address (complete only if new)

CERTIFICATION AND AUTHORIZATION

My signature certifies that

1. The information on this page is accurate and complete.
2. I am requesting reimbursement for my own personal expenses.
3. These services have already been provided.
4. I have not and will not seek reimbursement of this expense from any other plan or party.
5. If No Receipt Provided is checked, this service provider does not provide receipts (such as payments made by token/ticket machine, meter or cash box).
6. If Use Balance to Pay for Next Commuter Order is checked, I request that any remaining balance for the benefit month indicated be turned into a credit that will reduce my next pre-tax payroll deduction.
7. If this is a Public Transportation expense, then the pass for this service in this amount is not available for purchase from WageWorks.
8. Use of this service indicates my acceptance of the WageWorks User Agreement at www.wageworks.com (available upon registration; enter user name and password or click on First Time User? link).

Signature of Account Holder X _____ **Date** _____

CLAIMS FOR OUT-OF-POCKET EXPENSES

1

Name of Parking Facility or Service Provider

Parking
Vanpool
Pub Trans

Benefit Month (MM/YY)

$ Out-of-Pocket Cost

☐ No Receipt Provided
If so, you can file online claim instead.

☐ Use Balance to Pay for Next Commuter Order
If not, you can still file claims for this Benefit Month (up to available balance).

2

Name of Parking Facility or Service Provider

Parking
Vanpool
Pub Trans

Benefit Month (MM/YY)

$ Out-of-Pocket Cost

☐ No Receipt Provided
If so, you can file online claim instead.

☐ Use Balance to Pay for Next Commuter Order
If not, you can still file claims for this Benefit Month (up to available balance).

3

Name of Parking Facility or Service Provider

Parking
Vanpool
Pub Trans

Benefit Month (MM/YY)

$ Out-of-Pocket Cost

☐ No Receipt Provided
If so, you can file online claim instead.

☐ Use Balance to Pay for Next Commuter Order
If not, you can still file claims for this Benefit Month (up to available balance).

YOU MUST ATTACH APPROPRIATE PROOF OF SERVICE FOR EACH AMOUNT ABOVE OR CHECK "NO RECEIPT PROVIDED."

$ TOTAL THIS FORM

• Sign this form. • Send a photocopy of your receipt. • Keep original receipt with a copy of this completed form.

• Do not file a claim for any pass purchased through WageWorks or for parking paid using Pay My Parking.