



**FAX TO: 1-877-271-2916** Commuter Administrative Services

For faster service, fax this entire sheet, completed and signed, along with the appropriate documentation. Please complete all spaces.

Company Name	Employee's Name Last	First	MI	Social Security Number
Home Address	Number/Street	Apt #	City	State Zip Code
Date(s) of Service	Service Vendor's Complete Name (or expense description)			Amount Requested

I certify that I have incurred the expenses listed herein and they all qualify for reimbursement under the Transportation Equity Act. These expenses have not been previously reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Around the Clock Service Available for Participants

Once you have enrolled, you have direct access to your account(s) 24 hours a day. By accessing our website, [www.ceridianbenefits.com](http://www.ceridianbenefits.com), you have access to your account data and other helpful information. Our toll-free Customer Service Line, 1-877-548-7788, is also available Monday - Friday from 8:00 a.m. to 8:00 p.m. Eastern Time. Our customer service professionals are ready to assist you with information on the status of your account including reimbursements, amount of last check and to check your account balance.

### Important Reminders

- ✓ An expense is incurred when the service is purchased or when it is provided.
- ✓ Along with each reimbursement, you will receive a new Claim form and an account summary for the previous six months. Your account summary will include a listing of reimbursements and any available balance.
- ✓ You will also receive a benefit statement with each calendar quarter.
- ✓ After your date of termination, you will have a grace period in which to submit expenses incurred prior to your date of termination. Any unclaimed balance in your account after the grace period cannot be returned to you and will be forfeited. Please refer to your Plan Provision Statement for more details.
- ✓ Be certain to include receipts and documentation when available.

### Reimbursement Instructions

1. After you have incurred an eligible expense (when a service is purchased or when it is provided), complete this Claim Form in its entirety. This includes all dates of service, provider's name or expense description and amount requested.
2. Include the appropriate documentation when available. This should include, at a minimum, the name of the service provider and the amount of the expense and any receipts if, provided.
3. **Fax this entire sheet, completed and signed, along with the appropriate documentation to Commuter Administrative Services at: 1-877-271-2916.**  
Claims received via Fax will be processed the latter of two business days after receipt of claim or prior to your next scheduled claim reimbursement date. Claims received via mail may require one additional day for processing. Mail claims to: Commuter Administrative Services, P.O. Box 534002, St. Petersburg, FL 33747-4002

4. Your reimbursement will be sent on your employer's next scheduled reimbursement date (refer to your Plan Provision Statement).
5. Any unused account balance remaining at the end of each month will be available for reimbursement of future expenses. The maximum amount you can be reimbursed is your total account balance not to exceed the statutory monthly maximum.
6. **Submit your claims in a timely manner.** Claims must be submitted within 180 days of the date service was incurred. All claims with dates of service greater than 180 days will be denied.