

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 40512

# WageWorks Pay Me Back Claim Form Instructions

### PLEASE READ THIS BEFORE SUBMITTING YOUR CLAIM FORM

Your claim is important, but in order for us to process it and your reimbursement quickly and fully, we need you to completely and accurately fill out and submit the WageWorks Pay Me Back (PMB) claim form. To help you, we've provided the below guidelines. Please follow them when completing and submitting your claim.

## Tips for Filling out the Pay Me Back Claim Form

- Do not file a claim for any pass purchased through WageWorks or for parking paid using the Pay My Parking service
- Read every box and provide all requested information pertaining to you and your claim
- Provide the legal name your employer has for you in your official records, not your nickname
- Be sure to complete a separate line for each month when filling in your claim forms (e.g. \$120 for January, \$150 for February). Do not submit an annual amount or date range
- Make sure to total the reimbursement amount and enter it at the box at the bottom of the form.
- Make sure you sign the form

#### Things to Remember When Including Receipts

- Include a receipt for every expense
- A canceled check is not an acceptable form of receipt
- Each receipt must include the date(s) of service
- Do not send original receipts; keep them for your own records
- If you attach multiple receipt pages, circle or check the dollar amount that is being claimed for each receipt
- Do not use a highlighter to highlight the dollar amount on the receipt

### Tips for Submitting the Pay Me Back Claim Form by Fax

- Do not use a cover page
- Use a high-speed fax machine with a transmission speed of at least 9.6 kbps or 15 sec. per page
- Do not combine and submit a co-worker's claims with yours
  - Sign the 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.



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Pay Me Back Claim Form

|   | -FREE FAX: (877) to: Claims Administrator, PO Box  | <b>353 - 9236</b><br>: 14053, Lexington, KY 40512   |  |
|---|--|---|--|
| ACCO  | UNT HOLDER INFORMAT  | ΓΙΟΝ  |  |
| Last Name   |  | First Name  |  |
| ID Code (las  | st 4 digits)* Employer / Program S   | ponsor's Name   |  |
| Zip Code  | Birth Month/Day  |   |  |
| 1 The 2 Lam 3 The 4 Lha 5 If No box 6 If Us crec 7 If thi 8 Use | o Receipt Provided is checked, th<br>).<br>se Balance to Pay for Next Comm<br>dit that will reduce my next pre-tax<br>is is a Public Transportation expe | y own personal expenses. ovided. ement of this expense from any other plan or party. is service provider does not provide receipts (such as pay nuter Order is checked, I request that any remaining balar a payroll deduction. nse, then the pass for this service in this amount is not av ptance of the WageWorks User Agreement at www.wage | nce for the benefit month indicated be turned into a vailable for purchase from WageWorks. |
| Signatu   | re of Account Holder X   |   | Date   |
| 1   | S FOR OUT-OF-POCKET  | Parking Vanpool Pub Trans Benefit Month (M  | \$ Qut-o1-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 availant  | ıble balance).   |
| 2 Name  | e of Parking Facility or Service Provider  | Parking Vanpool Pub Trans Benefit Month (M  | \$ Qut-or-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)   | ible balance).   |
| Name  | e of Parking Facility or Service Provider  No Receipt Provided   | Parking Vanpool Pub Trans Benefit Month (M  | \$ Qut-of-Pocket Cost  |
| Ш   | If so, you can file online claim instead.  | If not, you can still file claims for this Benefit Month (up to availa)   |  |
|   | n co, you can me chane claim meloda.   | ir rot, you can suit the daints for this Deficit Month (up to availa  | ible balance).   |

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

sponsor for more information about your ID Code.

- 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.