



Commuter Benefits Claim Reimbursement Request Form

Company Information (PLEASE PRINT)	
Company Name	Division (if applicable)

Participant Information (PLEASE PRINT)		
Last Name	Primary Phone	
First Name	Secondary Phone	
SSN / (or Alternate Employee ID)	Date of Birth (mm/dd/yyyy)	Email Address (For Account Notifications)
Street Address (Check if New Address <input type="checkbox"/>)		
City	State	Zip

Reimbursement Request (PLEASE PRINT)		
Please indicate your eligible expenses below. Attach copies of bills, receipts, or other claim documentation if available. Documentation should include dates of service, description of service, provider's name and the expense amount. Cancelled checks are acceptable for parking expenses. Claims must be filed within 180 days from the date of the expense.		
QUALIFIED PARKING (QPK) – GARAGE AND METER EXPENSES		
Date Range of Services	From _____ through _____	TOTAL Reimbursement Request \$ _____ (REQUIRED)
Type of Service - SELECT ALL THAT APPLY BELOW		
<input type="checkbox"/> Parking Garage - Facility Name: _____ <input type="checkbox"/> Metered Parking		

CLAIM CERTIFICATION	
I certify that the eligible parking expenses for which reimbursement is requested above have been incurred by me while I am an eligible participant of the plan and all of the following are also true:	
<ul style="list-style-type: none"> No receipt was available for metered parking I am responsible for any additional proof that might be required for any of these expenses I am not being reimbursed for these expenses by any other benefit plan or program I will not claim credit for these expenses on my individual income tax return Any person who, with intent to defraud or knowing they are facilitating a fraud, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud under state and/or federal law 	
Participant Signature (required)	Date

SEND THIS FORM TO CHARD SNYDER	
Please submit this form to Chard Snyder by one of the methods listed to the right	Fax: Local 513.459.9947 / Toll-Free 888.245.8452 <i>(Please DO NOT include a Fax Cover Page)</i> Mail: PO Box 2924, Fargo, ND 58108-2924

Commuter Benefits

Claim Reimbursement Instructions

1. **Complete all company and employee information** on the front page (please print/type). NOTE: Please include your e-mail address to receive an automatic e-mail notification whenever a claim is entered into our system and when a reimbursement is approved for you to receive payment
2. **Attach supporting documentation.** A copy of a receipt for eligible parking expenses must accompany each claim submitted for reimbursement. If the claim is for metered parking you must sign the certification on the front of this form. Each claim request must include the following information to be eligible for reimbursement:
 - Original date of service (not the date you paid the provider)
 - Description of the service performed (refer to list of eligible expenses to identify valid services)
 - Provider's name and address
 - Amount charged to you (do not include amounts reimbursed or paid by another source)
 - Sign the claim certification acknowledging that no receipt is available for the parking meter claim
3. **You MUST sign and date** the "Claim Certification" section on the front of this page
4. **Fax or Mail** this form and supporting documentation directly to Chard Snyder:
 - Fax:** Local 513.459.9947 / Toll-Free 888.245.8452 (*Please DO NOT include a Fax Cover Page*)
 - Mail:** PO Box 2924, Fargo, ND 58108-2924
5. **If you have questions** please contact us:
 - Call Participant Services:** 513.459.9997 | 800.982.7715
 - Visit our Website:** www.chard-snyder.com
 - Email your questions:** askpenny@chard-snyder.com
6. **Important reminders:**

To ensure your claim is processed as soon as possible, and avoid delays:

 - Do NOT use a fax cover page when faxing
 - Do NOT highlight any part of your receipts, bills, etc.
 - Only mail copies of receipts, bills, etc. (Keep your originals)
 - Multiple receipts should be totaled on one claim form
 - Payments are issued after receipt and processing, subject to claim approval
 - Claims may not be paid across accounts (healthcare from dependent daycare and vice versa)
 - Any items for which you are reimbursed cannot be claimed again as deductions or credits on your individual tax return at the end of the tax year
 - Payments will be issued according to the amount available in your plan. Amounts above the current balance will "backlog" and be released as additional money is added. *IRS Guidelines prohibit paying Commuter reimbursements for which funds are not yet available*
 - Payment will be made to you. Payments cannot be made to a provider or another person
 - If you request reimbursement by check and your approved payment is less than \$25, we will wait to send reimbursement until we receive additional claims that make your total reimbursement amount at least \$25. If we don't receive any additional claims, we will send your reimbursement at the end of the plan's runout period. There is no minimum amount required for reimbursement by direct deposit.

Sign up for direct deposit in your online account today! It's faster, more convenient, and more secure.