

Commuter expense reimbursement form

To help us process your reimbursement request quickly, please print clearly and return this form as instructed. Please complete all sections of this form. If the application is incomplete or additional information is required, your reimbursement may be delayed. Please do not use a fax cover sheet.

Check box if this claim is to offset a previously submitted ineligible expense.

Section 1 Account holder information

| | | | | | |
|------------------|----------------|------------|----------------------------|----------------------------------|--------------------------------------|
| *First name | M.I. | *Last name | *Membership identification | | |
| *Mailing address | | | *City | *State | *Zip |
| *Contact number | *Email address | | | | <input type="checkbox"/> New address |
| *Employer | | | | *Group identification (if known) | |

Section 2 Reimbursement request

| | | | | | |
|--|---------------------------------------|-------------------------------|---------------------------------|--|----------------------|
| 1 | <input type="checkbox"/> Parking | * Parking or transit provider | | | * Out of pocket cost |
| | <input type="checkbox"/> Mass transit | | | | |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business | |
| 2 | <input type="checkbox"/> Parking | * Parking or transit provider | | | * Out of pocket cost |
| | <input type="checkbox"/> Mass transit | | | | |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business | |
| 3 | <input type="checkbox"/> Parking | * Parking or transit provider | | | * Out of pocket cost |
| | <input type="checkbox"/> Mass transit | | | | |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business | |
| If you need more space, please use page two. Each page will contain its own total. Please review the timelines and substantiation requirements documented in your summary plan description for eligibility criteria. | | | | | * Total on this form |

Section 3 Authorization (please read and sign below)

| | |
|---|------------------|
| I acknowledge and certify that: <ul style="list-style-type: none"> The information submitted with this reimbursement request is accurate and complete to the best of my knowledge. I am requesting reimbursement for my own personal expenses. These services have already been provided or paid for. I have not and will not seek reimbursement for this expense from any other plan or party. If the No receipt provided in everyday course or business box is checked, the provider of the service does not provide receipts. I understand BenefitHelp Solutions reserves the right to deny a claim if I have not provided substantiation and it is actually available or if there is reason to believe the expense is not qualified as defined under the conditions in my Summary Plan Document. | |
| * Employee signature X | * Signature date |

* Reimbursement may be delayed if fields with an asterisk are not filled out.

** You may use the benefit service dates or the benefit paid date as the service date for reimbursement and monthly maximum purposes

Ready to submit? Mail, fax or submit this form online to BenefitHelp Solutions.

Mail: BenefitHelp Solutions, P.O. Box 67230, Portland OR 97268 Fax: 888-249-5058 Online: benefithelp.com
 Questions? Contact BenefitHelp Solutions at 888-398-8057.

Additional reimbursement requests

Account holder information

| | | | |
|-------------|------|------------|----------------------------------|
| *First name | M.I. | *Last name | *Membership identification |
| *Employer | | | *Group identification (if known) |

Reimbursement request

| | | | | |
|--|---|-------------------------------|---------------------------------|--|
| 4 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 5 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 6 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 7 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 8 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 9 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 10 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 11 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 12 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
| 13 | <input type="checkbox"/> Parking <input type="checkbox"/> Mass transit | * Parking or transit provider | | * Out of pocket cost |
| | * Benefit start date (MM/DD/YY) | * Benefit end date (MM/DD/YY) | ** Benefit paid date (MM/DD/YY) | <input type="checkbox"/> Receipts or third-party documentation attached <input type="checkbox"/> No receipt provided in everyday course of business |
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