BENEFITHELP Solutions®

Commuter Expense
Reimbursement Account Claim Form

Fax: 1-888-249-5058
Submit online at www.benefithelpsolutions.com
Ph: 503-412-4254 or 1-877-425-9812
PO Box 67230 • Portland, OR 97268

DO NOT USE A FAX COVER SHEET

ACCOUNT HOLDER INFORMATION

Member ID: _____ **Phone #:** ___ - ___ - ____
Your Social Security Number or your unique ID Number assigned by your program sponsor.

Name: _____ _____
Last First

New Address? YES

Address: _____ _____
Street Apt.

_____ ___ _____
City State Zip

Email Address: _____

Employer Name: N I K E **Group #:** 8 5 0 2

CLAIMS FOR OUT-OF-POCKET EXPENSES **INCOMPLETE FIELDS MAY RESULT IN YOUR CLAIM BEING DENIED**

	Service Start Date (MM/DD/YY)	Service End Date (MM/DD/YY)	Amount Requested
1	__/__/__	__/__/__	$__,___.__
2	__/__/__	__/__/__	$__,___.__
3	__/__/__	__/__/__	$__,___.__
4	__/__/__	__/__/__	$__,___.__
5	__/__/__	__/__/__	$__,___.__

MORE EXPENSES? Complete another form.

You must submit your request for reimbursement within 180 days from the date on which the expense is paid, not to exceed the plan's run-out period.

$__,___.__
TOTAL THIS FORM

Attach supporting documentation. Supporting documentation for commuter expenses (ie: parking, mass transit, or vanpool) must include the date(s) of service, name of parking/transportation vendor and the amount of the charge. Parking or bus passes are unacceptable supporting documentation. Canceled checks, credit card receipts/statements or balance forward or balance due statements are not IRS acceptable.

I request reimbursement from my Commuter Expense Reimbursement Account for the above expenses paid or to be paid by me. I certify these expenses are not covered or reimbursable from any other source.

Account Holder Signature: _____ Date: _____ Total Number of Pages: _____
Signature of spouse or dependents is not acceptable.