

WageWorks Bicycle Expense 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 this claim form. To help you, we've provided the below guidelines. Please follow them when completing and submitting your claim.

Tips for Filling out this Claim Form

- 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.
- 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; save them for the IRS.
- 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.

Tips for Submitting the Pay Me Back Claim Form by Email

- Do not combine and submit a co-worker's claims with yours.
- Remember to attach copies of your claim form and receipt(s) with your email.

Sign this form. Send a photocopy of your receipt. Keep original receipt with a copy of this completed form.



ACCOUNT HOLDER INFORMATION

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Last Name

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First Name

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ID Code (last 4 digits)*

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Employer / Program Sponsor's Name

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Zip Code

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Birth Month/Day (MM/DD)

Email Address (complete only if new)

CERTIFICATION AND AUTHORIZATION

My signature certifies that

- 1 The information on this page is accurate and complete.
- 2 I am requesting reimbursement for my own personal expenses.
- 3 These services have already been provided or these expenses have already been incurred.
- 4 I have not and will not seek reimbursement of this expense from any other plan or party.

Signature of Account Holder **X** _____ Date _____

INSTRUCTIONS

This form can be used for requesting a reimbursement of eligible bicycle-related expenses eligible under the Federal tax code. Eligible items include bicycle purchase, bicycle improvements, and bicycle maintenance and storage.

You are eligible for up to \$20 per qualified bicycle month. A qualified bicycle month includes a month 1) in which you did not receive any other commuter benefit (such as transit, vanpool, or parking) and 2) you commuted to your workplace a "substantial" portion of the travel between your residence and place of employment. You should consider more than 20% to be the minimum amount to be considered substantial.

Complete this form in its entirety and submit to the fax number or mailing address indicated above along with the appropriate receipt(s). Payment for approved claims will be processed once per month via check. You should expect to receive your reimbursement check after the beginning of the month.

QUALIFIED BICYCLE MONTH

Please check off any months that are considered to be a qualified bicycle month meeting the criteria above. If you are submitting expenses for more than one year, please submit a separate form. You can only select months in the past. You should not select months in the future or months that are not complete.

Year _____	<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April
	<input type="checkbox"/> May	<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August
	<input type="checkbox"/> September	<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Total # of Months Checked Above _____ x \$20 = _____ Eligible Bicycle Reimbursement

Your reimbursement will not exceed the eligible bicycle reimbursement amount calculated above.

CLAIMS FOR OUT-OF-POCKET EXPENSES

1	<input type="checkbox"/> Bicycle Purchase	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							
	<input type="checkbox"/> Bicycle Equipment															
<input type="checkbox"/> Bicycle Repair																
<input type="checkbox"/> Bicycle Storage																
_____	Name of Service Provider	Service Start Date (MM/DD/YY)	\$ Out-of-Pocket Cost													

2	<input type="checkbox"/> Bicycle Purchase	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>							
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<input type="checkbox"/> Bicycle Storage																
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* Your ID Code is the last 4 digits of your Social Security Number, your Employee Number or other reference number assigned by your program sponsor. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.

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TOTAL THIS FORM

YOU MUST ATTACH APPROPRIATE PROOF OF SERVICE FOR EACH AMOUNT ABOVE.

• Sign this form. • Send a photocopy of your receipt. • Keep original receipt with a copy of this completed form.