



Important Information - Please read before completing the form

- To expedite your reimbursement, please include the completed Reimbursement Request Form along with your receipt documentation with each submission. If your request for reimbursement is denied, a written notification will be sent to you. You may then resubmit expenses with proper documentation, if applicable.
- Participants who leave the plan during the year may only be reimbursed for expenses that occurred while they were a participant.
- Expenses that occurred before you enrolled in the plan or after your termination will not be reimbursed.
- Any reimbursement request that is not submitted during the plan year, must be submitted/received before the end of the claims submission run out period allowed by your employer.

Transit Eligible Expenses (The maximum allowable expenses per month in 2010 is \$230.)

What's covered:

- Mass transportation fares, which include any pass, token, fare card, ticket, etc. for public transportation to and from work
- Commuter highway vehicle transportation, better known as van pooling. The vehicle may be owned or leased by the employer or a service provided by a vendor, but must meet certain conditions:
 - ◇ It must seat six or more adults (not counting driver)
 - ◇ The vehicle must be used 80% or more of the time for transporting employees to and from work
 - ◇ It must transport three or more commuters on each trip (not counting driver)

What's not covered?

- Cost of fuel
- Taxi or limousine fares
- Tolls paid for roads, bridges or tunnels
- Transportation costs not related to work

Parking Eligible Expenses (The maximum allowable expenses per month in 2010 is \$230.)

What's covered:

- Parking at or near an employee's work place
- Parking at or near a location from which an employee commutes to work by mass transportation, carpooling, etc. (A parking lot at a commuter train station, for example)

What's not covered?

- Expenses for parking at or near the employee's residence or at *temporary* work locations
- Parking expenses not related to work

Completing the form:

Part 1 - Participant Information

Please provide all requested information about you, including your SSN or Employee ID number. Your e-mail address is used to better communicate with you about the status of your reimbursement and/or any issues with your claim.

Part 2 and 3 - Expenses

Service Provider - The name of the transit provider or parking vendor who provided the service

Work-related Expense? - Certify that this expense was associated with your permanent work location

Recurring Claim? - If this is a claim that will be provided on a regular basis, from the same provider, for the same amount, mark "Y" otherwise enter "N". For future claims, just enter them online and they will automatically be approved

Online Claim? - If you have already entered the claim online, mark this box "Y", otherwise enter "N"

Receipt Not Provided - If a receipt was not provided by your transit or parking provider, initial here to certify the expense

Service - Describe the service or product purchased

Date(s) of Service - Provide the date or date range during which the transit and/or parking was used

Amount - Enter the reimbursement amount requested for this line item

Total - Total the amount of all reimbursement requests and enter it here

Part 3 - Participant's Certification for Reimbursement

Read carefully. By submitting the form, you are certifying the statements here to be true.



Commuter Assist Parking & Transit - Reimbursement Request

For faster reimbursement, file your request online. Go to www.workablesolutions.com and click on the participants tab. Then click on [Employee Login](#) to access your account.

Submit Claims By:

Email: claims@workablesolutions.com

Fax: 1-866-234-3539 (toll-free)

Mail: Workable Solutions
Consumer-Driven Plans
7120 Lake Ellenor Drive
Orlando, FL 32809

Questions:

1) Customer Support: 1-866-587-3539

2) Email: benefits@workablesolutions.com

3) Online: www.workablesolutions.com
Click on participants tab to login.

Part 1 - Participant Information

To update your address, sign-in to your account at www.workablesolutions.com.

Participant Name (Last/First/MI)	Employee SSN/Employee ID
Address (City, State, Zip)	Is this a new address?
E-mail Address (Only used to communicate claims information and notices)	Daytime Telephone Number

Part 2 - Transit Expenses

Monthly Maximum for 2010 = \$230

Service Provider	Work-related? (Y or N)	Recurring Claim? (Y or N)	Online Claim? (Y or N)	Receipt Not Provided (Initial to Certify)	Service (Example: Pass,Token)	Date(s) of Service	Amount
Metro	Y	N	N		fare card	3/1/10-3/31/10	\$85

Total:

Part 3 - Parking Expenses

Monthly Maximum for 2010 = \$230

Service Provider	Work-related expense? (Y or N)	Recurring Claim? (Y or N)	Online Claim? (Y or N)	Receipt Not Provided (Initial to Certify)	Date(s) of Service (date(s) parked)	Amount
Acme Parking	Y	N	N		3/1/10-3/31/10	\$105

Total:

Part 4 - Participant's Certification for Reimbursement

I affirm that:

- I HAVE NOT ALREADY BEEN PAID FOR THESE EXPENSES FROM MY COMMUTER ASSIST PLAN OR ANY OTHER SOURCE.
- I have submitted the above information in good faith and it is correct to the best of my knowledge. I understand Workable Solutions, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement.

I understand that:

- Reimbursement is not a guarantee that this payment is tax-free.
- The service for which I am requesting reimbursement must be incurred during my period of participation. Services incurred after participation ends are not eligible for reimbursement even if there was a balance remaining in my account.
- I agree to hold my employer harmless if the Internal Revenue Service or any other taxing authority challenges the nature of the payments made under the program and agree to pay any taxes, interest and penalties that may be assessed concerning such payments.

By submitting these expenses for reimbursement I certify the above and authorize use of funds from the plan type indicated to pay for the reimbursement.