

# ProcessWorks, Inc. Transit and Parking Benefit Claim Form

Claim Form for parking, transit, and vanpooling expenses under an IRS Section 132 benefit plan offered through your employer.

To expedite your reimbursement, fax this Claim Form and supporting documentation toll-free to 1-800-760-3727. This Claim Form serves as the cover page.

**Complete when faxing:**

# of pages \_\_\_\_\_

Daytime e-mail or phone # \_\_\_\_\_

## 1. General Claim Information (Also complete sections 2 and 3 below)

This claim is a (fill-in one)     New Claim     Resubmission     eClaim Documentation     Debit Card Documentation

Employee Soc Sec / ID: \_\_\_\_\_

**TOTAL REQUESTED REIMBURSEMENT AMOUNT**

Employee Signature: \_\_\_\_\_

\$ \_\_\_\_\_

132 Claim

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I certify these expenses are correct and represent my responsibility of any billing. If the parking facility or mass transit authority provides bills or receipts to support the expenses listed below, I acknowledge that I have ATTACHED those bills or receipts. I certify that I have not been reimbursed for these expenses from this Plan, nor have they or will they be reimbursed by any other source. I also certify that the below mentioned expenses are STRICTLY work-related expenses. I understand any expenses reimbursed under this Plan cannot be claimed on my personal income tax return.

## 2. Participant Information (please print)

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Employer

\_\_\_\_\_  
E-mail Address                                      Providing your e-mail address will help us communicate with you easier. ProcessWorks will not share, rent or trade your e-mail address.

## 3. Expense Information (please print)

You may receive reimbursement up to the monthly limits for parking and transit expenses. These limits are set by the IRS and may change from year to year. The limits are included with your enrollment materials each plan year. If you have questions regarding the limits, please contact ProcessWorks.

**Transit/Vanpooling** - Eligible transit expenses include transit passes, tokens, fare cards, vouchers or similar items entitling you to travel on a mass transit service to your place of work (i.e. subway, bus, or train). Eligible vanpooling expenses include travel on a commuter highway vehicle between your residence and place of work. If provided, you must attach supporting documentation that states the method of transportation and your portion of the amount paid.

**Parking** - Parking expenses are eligible for reimbursement if they were work-related and incurred near your place of work or near a location from which you commute to work or vanpool. If provided, you must attach supporting documentation that includes the dates of parking, the name of the parking facility, and your portion of the amount paid.

Months of Transit/Parking Services	Transit/Parking Agency Name	Choose One Type Below	Amount
1. _____/_____/_____ to _____/_____/_____	_____	<input type="radio"/> Transit <input type="radio"/> Parking	\$ _____
2. _____/_____/_____ to _____/_____/_____	_____	<input type="radio"/> Transit <input type="radio"/> Parking	\$ _____
3. _____/_____/_____ to _____/_____/_____	_____	<input type="radio"/> Transit <input type="radio"/> Parking	\$ _____
4. _____/_____/_____ to _____/_____/_____	_____	<input type="radio"/> Transit <input type="radio"/> Parking	\$ _____
5. _____/_____/_____ to _____/_____/_____	_____	<input type="radio"/> Transit <input type="radio"/> Parking	\$ _____
6. _____/_____/_____ to _____/_____/_____	_____	<input type="radio"/> Transit <input type="radio"/> Parking	\$ _____

## 4. Submitting Your Claim

You must complete sections 1, 2 and 3 above. Review back of form for helpful **Faxing and Mailing Tips** and other important information on how to successfully file a claim. Failure to complete all sections of this form or to attach sufficient claim documentation will delay your reimbursement. Keep copies of your claim. If you require a copy of a submitted claim from ProcessWorks, a \$25 fee may apply.

**Send Claim Form and supporting expense documentation to ProcessWorks, Inc.:**

**Toll-Free Claims Fax:** 1-800-760-3727 (Claim Form serves as the cover page)

**Mailing Address:** P.O. Box 2490, Brookfield, WI 53008-2490



**ProcessWorks INC.**<sup>SM</sup>

A UnitedHealthcare Company

©2005 ProcessWorks, Inc.

**Questions? Visit ProcessWorks on the web or call 1-888-868-2492 (262-827-7030 Milwaukee metro area)**

To submit your claim online, view complete account history, review list of eligible expenses, obtain additional forms, and other helpful information visit

[www.myprocessworks.com](http://www.myprocessworks.com)

40000



**Important Claims Submission Information**  
**Please Do NOT Fax or Mail This Page**

**Definition of "Incurred"**

The term "incurred" used throughout this form refers to the date your work related transit/parking services were provided. This date could be different than the date you are billed or pay for the services. By IRS regulations, the date the service is incurred determines the plan year in which it is considered for reimbursement.

**Faxing and Mailing Tips**

To receive the fastest possible reimbursement, submit your claim online at [www.myprocessworks.com](http://www.myprocessworks.com). If you do not have Internet access you can submit your claim for FREE using our toll-free fax line. You can also mail your claim; however, you may experience slower reimbursements due to mailing delays. Faxed or mailed claims require up to two business days for review.

**Fax Tips – Submit your claim for free via toll-free fax**

- ✓ Complete claim form using a dark pen (do not use a pencil).
- ✓ If your documentation is printed on dark paper, copy it onto lighter paper prior to faxing.
- ✓ **Do not mail originals.**

**Mailing Tips**

- ✓ **Do not staple.**
- ✓ If you have small receipts, neatly tape them to an 8 1/2" by 11" sheet of paper.

Faxed or mailed claims cannot be verified until up to two business days after receiving your faxed or mailed claims. To receive automatic notification of received claims and/or payments via e-mail, sign up for *eStatus Alerts* at [www.myprocessworks.com](http://www.myprocessworks.com).

**Helpful Hints on How to Successfully File a Claim**

- ✓ The documentation must clearly list the date the expense was incurred.
- ✓ Allowable forms of receipts include: parking receipt or bill, transit pass either provided by you at the end of the month (after it has been used), or at the beginning of the month (before it has been used). If the pass is provided at the beginning of the month (before it is used) you must certify that it will be used during the month. Forms of transit or parking that don't normally provide receipts including metered parking, a transit pass that cannot be returned to you, or a slot parking area, are allowable as long as you certify that the expense was incurred as work related transit or parking expenses.
- ✓ Fully complete the Claim Form.
- ✓ Claims incurred during the plan year may be submitted at any time throughout the plan year or during the "run-off period". The run-off period is the additional length of the time following the end of the plan year to submit claims. Check your benefit plan information for the length of your run-off period.
- ✓ All expenses must be incurred prior to being considered for reimbursement. If the expense has not been incurred it will be sent back to you without reimbursement.
- ✓ Keep copies of your claim. You can submit *legible* photocopies of your expense documentation to ProcessWorks. If you require a copy of a submitted claim from ProcessWorks, a \$25 fee will apply.

**Definitions**

**Total Requested Reimbursement Amount** – The total of "Amount" expense line items.

**Months of Transit/Parking Services** – The date the service was provided or incurred. This date could be different than the date you are billed or the date you pay for the expense.

**Transit/Parking Agency Name** – Name of transit/parking service provider.

**Amount** – The amount of the expense you are responsible for paying.



ProcessWorks, Inc.  
P.O. Box 2490  
Brookfield, WI 53008-2490  
Toll-Free Claims Fax: 1-800-760-3727 (262-879-0016 in Milwaukee metro area)  
24 Hour Phone Access: 1-888-868-2492 (262-827-7030 in Milwaukee metro area)  
[www.myprocessworks.com](http://www.myprocessworks.com)