



Commuter Spending Account Claim Form

Employee Information

Employer Name

Employee Name

Date of Birth

Employee ID Number

Street Address

City

State

Zip Code

Contact Information (Phone or Email)

Section A: Parking Spending Account

To be completed for eligible parking expenses.

Attach supporting documentation. See Step 4 on following page for list of acceptable documentation.

*Claim dates may not span across months

Date(s) of Service:

Parking Location or Provider:

Amount of Expense:

\$

\$

\$

\$

Total

\$

Section B: Mass Transit Spending Account

To be completed for eligible mass transit expenses.

Attach supporting documentation. See Step 4 on following page for list of acceptable documentation.

*Claim dates may not span across months

Date(s) of Service:

Provider of Mass Transit:

Amount of Expense:

\$

\$

\$

\$

Total

\$

Authorization

To the best of my knowledge and belief, my statements in this request for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan month(s) for myself. I certify that these expenses have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount of expenses requested above and the total amount of the attached receipts, I will be reimbursed according to the total amount of eligible expenses on the attached receipts.

Signature: _____

Date: _____

How to File a Commuter Spending Account Claim

This form is to be used when a receipt is available. If you do not have a receipt for your expense, please use the Commuter Affidavit Form.

- Complete the Employee Information Section of the claim form.
- Complete Section A, Section B or both.
- Sign and date the Authorization section (*note: typed name on signature line is not sufficient*).
- Attach supporting documentation (proof of payment) for eligible commuter expenses.
 - **Section A: Parking Spending Account Examples of Supporting Documentation:**
 - Invoice from parking provider showing name of vendor, dates covered, and amounts paid
 - Copy of the front and back of your cancelled check showing payment to a parking provider (please indicate on the front of check the month payment covers)
 - Copy of a contract agreement to have parking expense deducted from your bank account or a copy of the bank statement showing parking expense deducted
 - **Section B: Mass Transit Spending Account Examples of Supporting Documentation**
 - Copy of pass, token, fare card, voucher or other item that entitled you to use public transportation or private vanpool. If usage date is not stamped on the item, write the information on the sheet beside the photocopy of the item
 - Photocopy of the front and back of a cancelled check used to pay for transportation
- Retain copies of the entire claim form and supporting documentation for your records. Documents submitted will not be returned to you.
- Send the completed claim form and supporting documentation to: **Spending Account Service Center.** See contact information below.

Please file all claims prior to your plan's runout deadline*. It is not necessary to accumulate your claims and submit only at year-end. Promptly submitting claims allows additional information to be requested of you as soon as possible.

*Commuter claims may not be filed more than 180 days from the date they were incurred.

Important Information Regarding Parking and Mass Transit Accounts

- Expenses for which you are reimbursed through your Commuter Spending Account cannot be claimed for credits on your Federal Income Tax Return.
- The reimbursable amount of your claim is limited by IRS guidelines.
- Any money that has not been claimed will remain in your Rollover account and can be used for future expenses.

SAVE TIME: Submit your claim online! <https://SpendingAccounts.LH1ondemand.com>

Note: Your employer may have a unique link! Check your benefit materials for user access credentials.

Questions? **Call the Benefit Service Center at 1800-580-6854**

Mobile App:



Fax to:
800-595-4642

Mail to:
Spending Accounts
PO Box 350
Conshohocken PA 19428

Email to:
claimsubmissions@marshmma.com