

## Commute Reimbursement Request Form Instructions

1. The expense must be for qualified transportation expenses incurred by you. You cannot be reimbursed for an expense if you subsequently sell your bus pass or sublet your parking. You can only be reimbursed or expenses you are actually responsible for.
2. Examples of **covered** commute expenses are:
  - Mass transit fares (subway, bus, ferry)
  - Van-Pooling
  - Work related parking fees
3. Examples of **non-covered** commute expenses are:
  - Parking or mass transit for reasons other than work
  - Parking or mass transit for anyone other than the plan participant
  - Carpooling fees
  - Toll fees
4. Supporting documentation must accompany this form. This includes copies of a mass transit pass, bills or receipts that provide **dates of service, provider name and dollar amounts**. We reserve the right to request additional information as needed. Please note that bank statements, checks (copies of initial or cancelled checks), and credit card receipts are not acceptable. Incomplete information will result in delay or rejection of your request.
5. Retain a copy of the reimbursement form and supporting documents for your records, as those submitted will not be returned. Send the documentation and claim form to

**Personal Choice Account  
PO Box 3199  
Portland, OR 97208-3199**

6. Please ensure that all receipts are legible. Once received, claims are scanned (similar to photocopying). Documents that are too light, too dark, or too small will cause delay. We suggest sending us a photocopy of receipts and retaining originals for your records. Please do not high light documents as this will not show on the scanned image.
7. All reimbursements are paid to you and cannot be assigned to any other person. Checks and Explanations of Payment (EOBPs) will be mailed to the home address on file. **Any address changes must be submitted in writing.**
8. You can submit reimbursement requests at any time; however, you will only be reimbursed up to the amount that is in your Commute Reimbursement account at the time your request is received. The balance of the claim will be paid automatically as money is deposited into your account. **Note that expenses must be submitted within 180 days from the date of purchase.**

# PERSONAL CHOICE ACCOUNT

Flexible Benefits Administration

Original Submission  Re-submission

## Commute Reimbursement Request Form

### PLEASE SEE INSTRUCTIONS AND INFORMATION IN PREPARING AND SUBMITTING THIS FORM

Please complete all information in this section. Incomplete forms may result in delay or denial. Please use black ink only.

	Preferred method of communication (provide email or phone number)
Participant Name (Last, First, MI)	Social Security Number or Alternate Identification Number

List transit and parking expenses submitted for reimbursement. Please also attach the appropriate documentation to support your request. This may include a copy of the bus pass, parking permit, receipt which shows the item/service purchased, van pool pass, etc. For bus ticket purchases, please use the date of the purchase. **Reimbursement must be requested within 180 days (6 months) of the expense.**

<input type="checkbox"/> TRANSIT	<input type="checkbox"/> PARKING	<input type="checkbox"/> VAN POOL	Dates _____	Through _____	Fee \$ _____
<input type="checkbox"/> TRANSIT	<input type="checkbox"/> PARKING	<input type="checkbox"/> VAN POOL	Dates _____	Through _____	Fee \$ _____
<input type="checkbox"/> TRANSIT	<input type="checkbox"/> PARKING	<input type="checkbox"/> VAN POOL	Dates _____	Through _____	Fee \$ _____

**Total Reimbursement Requested** \$ \_\_\_\_\_

**After reading the claims submission instructions and completing this form, please read and sign below. Unsigned claims will be rejected.**

The Internal Revenue Code permits reimbursements for work parking, mass transit and van pooling expenses. Neither PCA nor the Plan Sponsor are liable to the participant or any other entity for taxes, interest, penalties or other consequences which may be assessed by any taxing authority for disallowed expenses. Furthermore, neither entity will be responsible for banking charges that may be incurred.

I request reimbursement for the attached expenses under the Commute Reimbursement Program. I certify that I have incurred these services and that they are reimbursable under the terms of my employer's Commute Reimbursement Program. I understand that I am solely responsible for the validity of claims submitted to my Flexible Spending Account. These services have not been reimbursed and I will not seek reimbursement for them from any other source. I understand that the expense for which I am being reimbursed may not be used to claim any federal income tax deduction or credit.

\_\_\_\_\_  
**PLAN PARTICIPANTS SIGNATURE**

\_\_\_\_\_  
**DATE**

If you have any questions regarding your Personal Choice Account or how to complete this form, please call 503-412-5688 or toll free 1-800-334-4340. You may also visit our website at [www.personalchoiceaccount.com](http://www.personalchoiceaccount.com) or email us at [pca@regence.com](mailto:pca@regence.com).

**Submit signed reimbursement form to:**

Personal Choice Account  
PO Box 3199  
Portland, OR 97208-3199  
Or fax to: (503) 225-5353 or 1(800) 979-8987