

TOLL-FREE FAX: (877) 353-9236

Or, mail to: WageWorks Processing Center

Attn.: Special Handling, PO Box 60010, Phoenix, AZ 85082



WageWorks Commuter Card Special Handling Form Instructions

PLEASE READ THIS BEFORE SUBMITTING YOUR 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 the WageWorks Commuter Card Special Handling Form (CCSHF). To help you, we've provided the below guidelines. Please follow them when completing and submitting your claim.

Tips for Filling out the Commuter Card Special Handling Form

- Complete a separate form for each card.
- 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.
- Make a copy of this completed form and your receipt for the out of pocket expense or the front and back of the pass (that shows the cost of your pass) and retain it until you are reimbursed or receive your credit.
- Make sure you sign the form.

Things to Remember When Including Receipts

- Include a receipt for the out-of-pocket expense or pass.
- A canceled check is not an acceptable form of receipt.
- Each receipt must include the date(s) of service.
- Do not send original receipts; keep them for your own records.
- 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 Commuter Card Handling Form by Fax

- Do not use a cover page.
- Fax OR mail this form; do not do both.
- 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 coworker's claims with yours.

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ACCOUNT HOLDER INFORMATION

<input type="text"/>	<input type="text"/>
Last Name	First Name

<input type="text"/>	<input type="text"/>
ID Code (last 4 digits)*	Employer / Program Sponsor's Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code	Birth Month/Day (MM/DD)	Email Address (complete only if new)

CERTIFICATION AND AUTHORIZATION

My signature certifies that the information on this page is correct and complete.

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

ABOUT YOUR COMMUTER CARD

<input type="text"/>
Name of Service Provider

- Transit Card
- Parking Card

<input type="text"/>
Benefit Month (MM/YY)

\$	<input type="text"/>	<input type="text"/>
	Amount	

REQUEST FOR REIMBURSEMENT

I want to be reimbursed. I had to pay for my commuting expenses out of pocket because I could not use my Commuter Card for the following reason (check one):

- I did not receive my Commuter Card by the first day of the benefit month.
 - I paid my commuting costs for the month out of pocket. *(I will be reimbursed for the amount elected for the benefit month, and that amount will be deducted from my card.)*
 - I have not paid for my monthly commuting expenses. *(The funds will remain on my card for future use.)*
- My service provider or vendor did not accept my Commuter Card.
 - I paid for my monthly pass or parking out of pocket. *(I will be reimbursed for the amount elected for the benefit month, and that amount will be deducted from my card. If my provider does not accept the Card, I should check the catalog in my online account for another option which my provider will accept.)*
 - I paid for up to two days of commuting costs out of pocket. *(I will be reimbursed for any eligible commuting expenses for up to two days, and that amount will be deducted from my card.)*
- The card I received is damaged or defective. Per WageWorks instruction, I tried reusing the card, but it still did not work. *(I will be reimbursed for the amount elected for the benefit month, and that amount will be deducted from my card.)*
 - I have enclosed my defective card AND I paid for my monthly commuting costs out of pocket. *(My defective card will be closed and a new one will be mailed out to me.)*
 - I have not enclosed my defective card, but I paid for my monthly commuting costs out of pocket. *(My defective card will be closed and a new one will be mailed out to me.)*
- My employment was terminated and I want to be reimbursed for the amount of POST-tax funds available on my card. *(I understand that pre-tax funds cannot be reimbursed through this program.)*

* 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.