

WageWorks Bicycle Expense Claim Form Instructions

PLEASE READ THIS BEFORE SUBMITTING YOUR CLAIM FORM

Your claim is important. To process your claim and reimbursement quickly, please complete the form completely and accurately, and submit this claim form. Please follow the guidelines below to help you complete and submit your claim.

TIPS FOR FILLING OUT THIS CLAIM FORM

- 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.
- Be sure to complete a separate line for each month when filling in your claim forms.
- Make sure to total the reimbursement amount and enter it at the box at the bottom of the form.
- Make sure you sign the form.

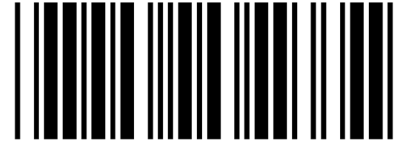
THINGS TO REMEMBER WHEN INCLUDING RECEIPTS

- Include a receipt for every expense.
- A canceled check is not an acceptable form of receipt.
- Each receipt must include the date(s) of service.
- Do not send original receipts.
- 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 PAY ME BACK CLAIM FORM BY FAX

- Do not use a cover page.
- 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 co-worker's claims with yours.

Sign this form. Send a photocopy of your receipt. Keep original receipt with a copy of this completed form.



TOLL-FREE FAX: (877) 353-9236

Or, mail to: Claims Administrator, PO Box 14053, Lexington, KY 40512

ACCOUNT HOLDER INFORMATION

Last Name																First Name																															
ID Code (last 4 digits)*				Employer / Program Sponsor's Name																																											
Zip Code				Birth Month/Day (MM/DD)				Email address (complete only if new)																																							

INSTRUCTIONS

This form can be used for requesting a reimbursement of eligible bicycle-related expenses. Eligible items include bicycle purchase, bicycle improvements, and bicycle maintenance and storage.

This benefit does not qualify as a pretax commuter benefit. Reimbursed bicycle expenses will be added to your gross taxable income.

CLAIMS FOR OUT-OF-POCKET EXPENSES

NAME OF SERVICE PROVIDER	TYPE OF SERVICE	DATES OF SERVICE (MM/DD/YY)	OUT-OF-POCKET COSTS																						
1	☐ Bicycle Purchase ☐ Bicycle Equipment ☐ Bicycle Repair ☐ Bicycle Storage ☐ Bicycle _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>											\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
2	☐ Bicycle Purchase ☐ Bicycle Equipment ☐ Bicycle Repair ☐ Bicycle Storage ☐ Bicycle _____	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>											\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
TOTAL THIS FORM			\$ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						

* 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.

YOU MUST ATTACH APPROPRIATE PROOF OF SERVICE FOR EACH AMOUNT ABOVE.

• Sign this form • Send a photocopy of your receipt • Keep original receipt with a copy of this completed form

CERTIFICATION AND AUTHORIZATION

By completing this form, I certify that the information on this page is accurate and complete. I am requesting reimbursement for my own personal expenses. These services have already been provided or these expenses have already been incurred. I have not and will not seek reimbursement of this expense from any other plan or party.