

## Commuter Expense Reimbursement Request

See Instructions on the next page. Use ONLY for Transit and/or Parking reimbursement. To ensure your claim can be processed, please print clearly, use only CAPITAL LETTERS and complete all fields.

Your Contact Information		
Last Name:	First Name:	EEID or Last 4 of SSN:
Street Address:		Email:
City:	State:	Zip:
Employer name:		

Detail Your Commuter Expenses		
Expense 1		
Date of Service (MM/DD/YY)	Expense Amount (Dollars & Cents)	
/ /	, .	
Provider Name	<input type="checkbox"/> Parking <input type="checkbox"/> Transit Receipt Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expense 2		
Date of Service (MM/DD/YY)	Expense Amount (Dollars & Cents)	
/ /	, .	
Provider Name	<input type="checkbox"/> Parking <input type="checkbox"/> Transit Receipt Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expense 3		
Date of Service (MM/DD/YY)	Expense Amount (Dollars & Cents)	
/ /	, .	
Provider Name	<input type="checkbox"/> Parking <input type="checkbox"/> Transit Receipt Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expense 4		
Date of Service (MM/DD/YY)	Expense Amount (Dollars & Cents)	
/ /	, .	
Provider Name	<input type="checkbox"/> Parking <input type="checkbox"/> Transit Receipt Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Certification	
I certify that: <ul style="list-style-type: none"> <li>I have read and clearly understand the instructions listed on Page 2</li> <li>All information I entered in this form is correct</li> <li>The Commuter expense(s) were incurred by me and are eligible under the Plan</li> </ul> I understand that if any information is incomplete or inaccurate, then I will not qualify for a reimbursement.	
<b>Employee Signature:</b> _____	<b>Date:</b> _____

**CONTACT INFORMATION**

Mercer Marketplace Participant Services representatives are available Monday through Friday 8 am to 9 pm ET.  
 Phone: (866) 268-0142  
 Fax: (844) 791-8319  
 Web: [www.yourflexbenefits.mercermarketplace365.com](http://www.yourflexbenefits.mercermarketplace365.com)

## Instructions for Requesting Reimbursement from Your Commuter Spending Account

### Some ground rules:

There are monthly maximum pre-tax benefits set by the IRS for Parking and Transit plans. The annual maximums can be found on IRS Publication 15-B or on the Commuter Resource page of the Participant Portal. If you contribute the maximum into your Parking account in both January and February:

- During the month of February, you could be reimbursed up to the maximum for Parking expenses incurred in January and up to the maximum for Parking expenses incurred in February.
- Funds do not need to be used for expenses incurred in the same month the contribution is made. For example, funds contributed in February could be used for expenses incurred in May.
- You should consult your plan for specific claim filing deadlines.

### Acceptable qualified commuter expenses include, for the purpose of working:

- Parking on or near your employer's business premises.
- Parking on or near a location from which you commute to work, either by mass transit, commercial commuter highway vehicle, qualifying non-commercial commuter highway vehicle or car pool.
- Transit on train, bus, ferry or light rail fares (e.g., subway, metro, trolley).

### Claim Submission Options:

Option 1 – Request reimbursement the easy and fast way – file your claim online! Log into your account at [www.yourflexbenefits.mercermarketplace365.com](http://www.yourflexbenefits.mercermarketplace365.com). You can scan and upload your receipts directly into your claim.

Option 2 – Use this form. Use this form to request reimbursement for out-of-pocket transit/parking expenses only.

**Types of supporting documentation required:** Supporting expense documentation must accompany your claim, such as an itemized receipt from your Transit/Parking Provider that includes:

- Date of service
- Transit/Parking Provider's name
- Type of service
- Transit/Parking amount

**Note for Cash Only Parking:** Some parking locations are cash only or metered and no receipt is available. In this case, please complete and sign the form on Page 1 and indicate that no receipt is available.

### Follow these steps to complete this form:

Step 1 – Complete the form on Page 1:

- Print clearly and in all CAPITAL LETTERS
- Use a separate line for each individual itemized expense
- Complete all sections, sign and date the form

Step 2 – Attach supporting documentation:

- Tape all receipts to a white, letter-sized piece of paper
- Submit a copy of the receipts – keep the original receipts for your records

Step 3 – Submit your claim documents:

- FAX: Include this claim form and copy of receipts in the same fax. Do not include a cover page
- MAIL: Send the claim form and copy of receipts in the same envelope to Mercer Marketplace, PO Box 424 Escondido, CA 92033.

Step 4 - Receive your reimbursement:

- You will be reimbursed per the method (Check or Direct Deposit) indicated on your personal profile on [www.yourflexbenefits.mercermarketplace365.com](http://www.yourflexbenefits.mercermarketplace365.com).
- For faster reimbursement, sign up for Direct Deposit. Simply log into your online account, access your user profile and complete the Direct Deposit information.