



## Commuter Plan Claim Instructions

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### Tips for Completing the Pre-Tax Commuter Claim Form

- Fill out each section completely. Any incomplete forms will not be able to be processed.
- Type or write legibly.
- Don't forget to sign your form. The employee who is participating in the plan is required to sign the form, not your spouse or other dependent.
- Expenses can only be incurred by the employee, not your spouse or other tax dependent.

### Things to Include with your Pre-Tax Commuter Claim Form

- Fully completed and signed Pre-Tax Commuter Claim Form.
- Receipt for each expense which includes the date of service. Receipts must be submitted unless they are not provided in the normal course of business. If this is the case, circle NO under the Receiptable portion of the Claim Form.
- Cancelled checks and credit card receipts are not acceptable receipts under IRS regulations.
- Do not use a highlighter to highlight items or dollar amounts on substantiation.

### Reminders for Submitting your Pre-Tax Commuter Claim Form:

- Retain the original of all requests including the substantiation, sending us a copy of the documents only. Benefit Dynamics is not responsible for providing copies.
- Please allow 2 business days for your claim to be processed.
- If your claim is denied, you will receive a written statement telling you why the item could not be processed. If we need further information the denial letter will state what you can do in order to have your item re-processed.
- Do NOT combine your claim with your co-workers' claims. It will cause a delay in processing and may not be processed at all.
- If possible scan your Pre-Tax Commuter Claim Form and all substantiation and email the documents to us at [Benefits@PensionDynamics.com](mailto:Benefits@PensionDynamics.com). This is the preferred method of claim submission as you will get a personal response back stating your claim was received.
- You may also Fax your Pre-Tax Commuter Claim Form to 1-866-320-1931
- If you mail your Pre-Tax Commuter Claim Form please send only copies, not originals, to: Benefit Dynamics, 2300 Contra Costa Blvd, Ste 400, Pleasant Hill, CA 94523-3987.

### Benefit Dynamics Customer Service

- The best way to check your claim status is to log into your account online at [www.pensiondynamics.com](http://www.pensiondynamics.com). If you have not yet registered for an account, please see Website Registration and Login Instructions included with this packet of information. The website is available 24/7 and is a great resource once you have registered.
- Customer Service is available at 925-956-0514 from 8 AM – 5 PM PST, Monday – Friday. You can also email us at [Benefits@PensionDynamics.com](mailto:Benefits@PensionDynamics.com). Please include your name and your employer name on any correspondence sent to us but do not include confidential information such as your Social Security Number.



# Pre-Tax Commuter Claim Form

**FAILURE TO COMPLETE THIS FORM IN FULL MAY DELAY PAYMENT**

**SECTION A – EMPLOYEE DATA (PLEASE PRINT)**

Name of Employer: (must complete):

Last 4 of SSN:

Name:

Daytime Phone:

**SECTION B – CLAIM ENTRY- PLEASE BE SURE ALL INFORMATION IS ENTERED.**

**CLAIMS CANNOT EXCEED \$125/MONTH**

- These expenses must be for a pass, token, fare card, voucher, or similar item for transportation either on mass transit facilities (including BART, Muni, ferry, cable car, etc.) or in a Commuter Highway Vehicle (Vanpool).
- A Commuter Highway Vehicle is any highway vehicle with a seating capacity of at least six adults (not including the driver), and for which at least 80% of the mileage is for the purposes of transporting employees in connection with travel between their residences and their place of employment.
- Individual car pool, bridge toll, or taxi fare does NOT qualify.
- The transportation must be for travel between your residence and/or public transportation location (i.e. Bart station, VanPool) and place of employment.

**TRANSPORTATION**

Provider / Vendor	Date(s) of Service	Receiptable		Requested Amount
_____	_____	YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
		<b>TOTAL</b>		\$ _____

**CLAIMS CANNOT EXCEED \$240/MONTH**

- "Parking expenses" are defined as expenses incurred to park your car on or near the business premises of your employer, or expenses incurred to park your car at a location from which you commute to work by mass transit, Commuter Highway Vehicle (Vanpool), or carpool.

**PARKING**

Provider / Vendor	Date(s) of Service	Receiptable		Requested Amount
_____	_____	YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
		<b>TOTAL</b>		\$ _____

**SECTION C - DISCLOSURE. PLEASE READ AND SIGN BELOW**

I request reimbursement for the above expenses. I certify that any transit and/or van pooling expense claimed on this form is for the purpose of transportation for me to and from my place of employment. Any van pooling is in a vehicle with a seating capacity of 6 or more adults (not including the driver), and at least 80% of the mileage is for the transportation of employees in connection with travel between their residences and their places of employment.

I certify that the parking expenses submitted on this claim form for reimbursement are for my automobile to be parked either at a site near my place of business or for a parking space from which I commute by public transit, van, or carpool. The parking space is not near my place of residence.

I certify that I have included any available proof of the claims that I have made above. The claims made here are pursuant to IRS Code Section 132 and I understand that any falsification is subject to penalty under law.

I hereby certify that all of the above claim information is true and correct and compliant with the rules of the plan.

Date:

Employee Signature:

**Attach proof of expense and send completed form to:**

Fax: (866) 320-1931

E-mail: Benefits@PensionDynamics.com