

BICYCLE COMMUTER REIMBURSEMENT CLAIM FORM

I. Account Holder's Information

First Name:		Last Name:	
Employer:		Email Address:	
Mailing Address Line 1:			
Mailing Address Line 2:			
City:	State:	Zip:	
Phone:		Plan year:	

II. Instructions for Submitting Form (Please read carefully)

- a. Fill out entire form and sign the bottom
- b. These expenses must have been incurred within 180 days of claim submission. You have up to 90 days after the end of a plan year to submit expenses that you have incurred during the plan year provided that it is still within 180 days from the date of service
- c. The intent of this program is to help defray some of those fixed costs for commuting to work such as, the purchase of a decent commuter bicycle, bike lock, helmet, bike parking facilities, shower facilities, and general maintenance.
- d. A qualified commuter month is any month in which an employee: (I) Regularly uses a bicycle for a substantial portion of the travel between their residence and their place of employment, and (II) does not receive and other qualified transportation benefits such as transit or parking.
- e. You can only submit up to \$20 per qualified commuter month.

III. Claim Information



Date of Service	Name of Provider/Merchant	Type of Expense (New bike, Helmet, Maintenance, etc.)	Number of Months Commuted by Bicycle	Dollar Amount of Item/Service

Total Claim amount: \$ _____

IV. Authorization

The above statements and submitted information for reimbursement are true. I am only submitting for reimbursement of eligible expenses that I incurred for myself. I certify that I have not been nor will I be reimbursed for these submitted reimbursements from any other source. I further certify that I will not claim these expenses as a tax deduction. I am only submitting an amount less than or equal to what I am eligible for based upon the number of qualified commuter months.	
Employee Signature:	Date:
Please be sure this form is completed in its entirety to ensure accurate processing.	

Contact Customer Service: Monday – Friday 8: 30AM-7:30PM EST

 (603) 647-1147 Option 1
  (866) 978-7868
  customerservice@hrcts.com
 LiveChat