COMMUTER BENEFIT PLAN (CBP): REIMBURSEMENT CLAIM FORM *(PLEASE PRINT CLEARLY)*

Want your reimbursement faster? File your claim online via the employee portal (www.BRiWeb.com) or via the BRiMobile app, if allowed by your plan.

PART 1	**PART 2** ☐ *Check here if address has changed and provide new information below.*
Employee Name:	**Street or PO Box:** **Apt #**
Member ID:	**City, State, Zip:**
Employer:	

PART 3

Provider of Vanpool or Parking Expenses	Month of Service	Year of Service	Expense Type	Total Monthly Amount	Office Use Only	
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		***GRAND TOTAL***
			☐ PRK ☐ VAN	$		
			☐ PRK ☐ VAN	$		***$*** 0.00
			☐ PRK ☐ VAN	$		

PART 4

CERTIFICATION: I request reimbursement for my parking or vanpool workplace commuting expenses as itemized above. I understand that these expenses are only for either parking or vanpooling and must qualify for reimbursement under Internal Revenue Code Section 132(f). I certify that each expense listed above was for an eligible service provided during the indicated month and was for qualified parking or vanpool expenses as defined in the Commuter Benefit Plan and was not purchased with a benefit card. I also hereby certify that, for each parking expense listed above for which I have not attached a receipt or bill, documentation verifying the expense is not provided in the ordinary course of business by the vendor of the service. For vanpool expenses, I understand that the required documentation listed below must be included with this request.

Sign Here ***Signature Required:*** ***Date:***

(Cut along dotted line)

INSTRUCTIONS FOR SUBMITTING YOUR COMMUTER BENEFIT PLAN CLAIM:

1. **PART 1** *must* be completed in full.
2. **PART 2** should only be completed if your address has changed.
3. **PART 3** *must* be completed in full. Each line item on your claim form must indicate expenses for a *single* month for either qualified expenses for parking (PRK) or vanpooling (VAN). A reimbursement request for vanpool expenses must include a copy of bills, statements, receipts or cancelled checks. (Please retain originals for your personal income tax records.) The statement of expense *must* include the following information:
   - The name of the provider;
   - The type of service provided;
   - The date(s) the service was provided;
   - Your out-of-pocket cost for the service.
4. **PART 4** must be signed and dated after reading the statement.
5. Submit your completed claim form and related documentation by: **Fax: (585) 427-9340 or Mail: ATTN: Claims Department**
   Benefit Resource, Inc.
   245 Kenneth Drive
   Rochester NY 14623-4277

IMPORTANT CLAIM SUBMISSION REMINDERS:

- **You must activate and use your benefits card for qualified transit benefits.**
- **Only expenses for parking and vanpooling that were not purchased with a benefit card can be submitted for reimbursement.***
- **The service being claimed must be provided within the time frame indicated in your plan documentation.**
- **Eligible claims must be received by Benefit Resource within 180 days after the service is provided.**
- **Items on a claim or supporting documentation should never be highlighted since highlighted items can be hard to read.**
- **The request for reimbursement must be based on the date when the service was provided, not on the date when a payment was made.**

**Effective January 1, 2016, mass transit expenses, other than vanpooling, must be purchased with a benefits card (Rev. Ruling 2014-32).*