

Claim Filing Options:

- Email: commuterforms@healthequity.com
- Toll-free Fax: 877-353-9236
- Or mail to: HealthEquity Processing Center,
Attn.: Special Handling, PO Box 650466, Dallas, TX 75265-0466

HEALTHEQUITY COMMUTER CARD SPECIAL HANDLING FORM INSTRUCTIONS

PLEASE READ BEFORE SUBMITTING YOUR FORM

In order for us to process your submission quickly and fully, we need you to accurately complete the HealthEquity Commuter Card Handling Form (CCHF). Please follow the tips below when completing and submitting your claim.

Tips for Filling out the Commuter Card Special Handling Form

- A separate form must be completed for each benefit month and/or benefit type (transit or parking). If a separate form is not completed for each benefit month and/or benefit type, your claim will be denied.
- 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.
- Make a copy of this completed form and your receipt for the out-of-pocket expense or the front and back of the pass (that shows the cost of your pass) and retain it until you are reimbursed or receive your credit.
- Submit your request within 180 days of the transaction date(s) of your claim. Based on IRS guidelines, claims submitted more than 180 days after the period for which the expense was incurred will be denied.
- Make sure you sign the form.

Things to Remember When Including Receipts

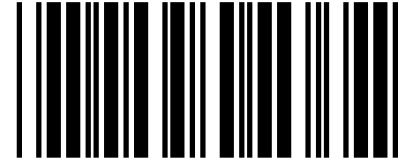
- Include a receipt for the out-of-pocket expense or pass.
- A canceled check is not an acceptable form of receipt.
- Each receipt must include the date(s) of service.
- Do not send original receipts; keep them for your own records.
- If you attach multiple receipt pages, circle or check the dollar amount that is being claimed for each receipt.
- Do not use a highlighter to highlight the dollar amount on the receipt.

Tips for Submitting the Commuter Card Handling Form by Fax

- Do not use a cover page.
- Fax OR mail this form; do not do both.
- Do not combine and submit a coworker's claims with yours.

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ACCOUNT HOLDER INFORMATION

Last Name																First Name																			
ID Code*				Account Holder Zip Code				* ID Code is the last 4 digits of your Social Security Number, your Employee ID 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.																											
Employer / Program Sponsor's Name																																			

CERTIFICATION AND AUTHORIZATION

My signature certifies that the information on this page is correct and complete.

Signature of Account Holder _____ Date _____

PRINT NAME OF TRANSIT / PARKING PROVIDER

Name of Service Provider																																	
<input type="checkbox"/> Transit Benefit	Benefit Month (MM YY)	<input type="text"/>	Amount \$	<input type="text"/>																													
<input type="checkbox"/> Parking Benefit																																	

REQUEST FOR REIMBURSEMENT

I want to be reimbursed. I had to pay for my commuting expenses out-of-pocket because I could not use my Commuter Card for the following reason (check one):

- I did not receive my Commuter Card by the first day of the benefit month. I paid my commuting costs for the month out of pocket.
- My Commuter Card is lost or was misplaced at the time of the transaction and I paid my commuting costs for the month out-of-pocket.
- My service provider or vendor did not accept my Commuter Card. I paid for my commuting cost out-of-pocket. (If my provider does not accept the Card, I should log in to my online account and update my order to another option which my provider will accept.)
- My service provider or vendor did not accept my Transit Commuter Card because:
 - They only accept cash.
 - I purchased an annual pass.
 - I purchased a senior/disabled pass that could not be purchased with my Commuter Card.
 - I am an overseas employee commuting on a foreign transit system.
 - My transit pass or parking exceeds the amount available on my Commuter Card AND my service provider or vendor does not accept more than one form of payment.
- My Commuter Card is damaged or defective. Per HealthEquity instruction, I tried reusing the card, but it still did not work.
- I want to be reimbursed for the amount of POST-tax funds available on my card. (I understand that pre-tax funds cannot be reimbursed without a receipt.)