



Commuter Benefits Claims for Mass Transit and Parking Purchases



Employer _____
Employee _____
Last 4 Digits of SSN _____
Phone _____
E-mail _____

Refer to the instructions below to completely fill out the following table. **Please write legibly and keep your receipt(s).**

1 Person Who Made Purchase	2 Provider's Name (i.e., transit or parking provider's name)	3 Purchase Date(s)	4 Description of Item or Service	5 Price
6 Total Commuter Expenses				\$. . .
7 Provider's Address				
8 Provider's Signature or Stamp				



Read carefully. Not fully completing this form could delay the processing of your claim. You must have already received and purchased the items or services you list above before submitting a claim for reimbursement.

First, complete sections 1-7 in the table above. Then send us an easy-to-read receipt (you may send multiple) that includes the following details:

- Your name
- The date you purchased the service
- The name of the provider who offered the service
- The cost of the service
- The name of the service you received

Lastly, attach any receipts to an email along with your completed claims form, and send it to claims@zenefits.com.

Credit card receipts alone aren't enough. If you don't send us all the information we need, processing your claim may take longer than expected. If one of your receipts shows an ineligible expense, reimbursement may be fully or partially denied.

Reimbursement depends on the time it takes to process your application. Processing time is relatively quick if you promptly send us all the information we need to verify an eligible expense. Once we receive all of the right information, it usually takes 3–5 business days to process a claim. If your claim is approved, it takes 1–2 business days for reimbursement via direct deposit and 10–14 business days for reimbursement by check for eligible out-of-pocket expenses.

The IRS does not permit reimbursement for expenses older than 180 days from the date incurred.

Please sign and date this claims form to accept the terms below:

The above is a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and I will not seek reimbursement from any other plan including a Health Savings Account (HSA). I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for any expense improperly claimed under the provisions of this plan.

Employee Signature	
Date	

Email claims forms and receipts to claims@zenefits.com.
For more information or assistance, please visit help.zenefits.com.