

Commuter Claim Form

FAX: 469-398-0423

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Commuter Choice claims must be submitted within 180 days (6 months) of the date of the expense, by the annual claims filing deadline or within a limited time (usually 60 to 90 days) after I terminate employment or stop active participation in (making contributions to) these benefits, **whichever is earliest**.

Mail your claim and documentation to:

FlexToday, Inc.
PO Box 16099
Fresno, CA 93755

REQUIRED: Your Full Name (First and Last)
REQUIRED: Address
REQUIRED: City, State and Zip Code

PLEASE READ AND SIGN HERE - I hereby understand, certify and agree that: The expenses submitted for reimbursement have not been reimbursed or paid previously and I will not seek payment or reimbursement under any other benefit plan; I personally incurred these expenses during my coverage period; I assume the responsibility to maintain substantiating documents for all claims; I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim; I am liable for payment of any taxes and penalties, federal, state or local, related to expenses claimed or paid that are not eligible expenses under my employer's plan; I have received a copy of the benefits summary and understand that this claim is subject to the terms and requirements of my employer's Commuter Choice Plan, including but not limited to, eligibility, coverage period and claims filing deadlines; I may receive notifications by email instead of mail and understand that I must notify FlexToday in writing to rescind this authorization to send notifications by email; and, My digital signature on this form will be accepted as binding with the same weight and consideration as a pen and paper signature.

REQUIRED: Sign Here	Date Signed	REQUIRED FOR DIGITAL SIGNATURE ACCEPTANCE:	
		Email Address:	
		Last 4 numbers of SSN	Full Date of Birth

Total Mass-Transit Expenses Claimed With This Request: \$ _____

Total Parking Expenses Claimed With This Request: \$ _____

Type of Expenses	Date of the expenses	Description	This is my cost for this expense
___ Mass Transit ___ Parking			\$
___ Mass Transit ___ Parking			\$
___ Mass Transit ___ Parking			\$
___ Mass Transit ___ Parking			\$
___ Mass Transit ___ Parking			\$

If you cannot submit copies of bills, receipts or other documentation for your **Parking** Expenses, please explain why:

FlexToday, Inc. • 191 W Shaw Ave Ste 101 • Fresno, CA 93704 • Ph: 559-432-6800 or 800-995-5373
Claims Fax **469-398-0423** • Alternate Fax Numbers 214-716-1134 or 480-772-4122 • Secure Claims Portal Link

We accept claims by fax, mail or electronically at the Secure Claims Portal (the Portal). **We do not accept claims by email.** Claims sent to the Portal should be in Adobe Acrobat format with both the claim form and supporting documents in a single file. PLEASE identify yourself in the "Add A Message" box. Unidentified files and files sent in any format other than Adobe Acrobat may not be considered a claim submission. Files sent to the Portal in executable formats will be deleted without opening, including but not limited to file formats such as: .exe, .zip, .eml, .com, .html and .vbs.