

# Transportation Claim for Reimbursement

Questions? Call the number on the back of your debit card if you have questions while completing this form.

1012 HA TRN

## 1 Participant information

First name, last name:	Last 4 of SSN:	Employer/plan sponsor name:
Participant address:		City, State ZIP:

## 2 About your expenses

Use one line in this section for each expense. If you have more eligible expenses than space allows in this section, please submit as many Transportation Claim for Reimbursement Forms as needed.

	Expense date MM/DD/YY	Expense amount claimed	Type of expense (parking, transit)
EXPENSE ❶		\$	
EXPENSE ❷		\$	
EXPENSE ❸		\$	
EXPENSE ❹		\$	
EXPENSE ❺		\$	

## 3 Agreement and participant signature

By submitting this form, I certify that I used the Transportation Benefit for which I am requesting reimbursement above only for purposes of commuting to and from work; I have received the services described above on the dates indicated; and the expenses are my out-of-pocket expenses that qualify as valid Transportation Expenses under the Plan. These expenses have not been reimbursed or are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit or to claim reimbursement under another plan. I authorize a deduction in my Transportation Account in the amount of the reimbursement.

x

Participant's signature

Date



Don't forget to submit legible documentation for each expense along with this form. All supporting documents must include the following:

1. Total expense amount
2. Description of expense
3. Date expense was incurred
4. Name of entity providing service

**Where to return your form and documentation?**  
 By mail: Optum Bank, P.O. Box 30516, Salt Lake City, UT 84130  
 By email: [optumclaims@optumbank.com](mailto:optumclaims@optumbank.com)  
 By fax: 1-844-822-2881  
 Note: Forms without a signature will not be processed