

Number of pages faxed

WageWorks, formerly Creative Benefits  
 PO Box 1928, Vista, CA 92085-1928  
 FAX: Toll free (888) 295-5757 or (760) 758-4610  
 EMAIL: [claims.vista@wageworks.com](mailto:claims.vista@wageworks.com)  
 PHONE: Toll free (888) 295-5656

Claim forms and supporting documentation received prior to 2:00 p.m. Pacific Time, are processed the same day.

## TRANSIT & PARKING CLAIM FORM

### SECTION A - EMPLOYEE INFORMATION

Name \_\_\_\_\_  
(Print or type: Last, First, Middle Initial)

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

**If you have an address change, be sure to update your records with your employer.**

Is this a new address? (check one)  YES  NO

Social Security # \_\_\_\_\_  
 or your Participant ID # \_\_\_\_\_  
as assigned by WageWorks, formerly Creative Benefits

Employer \_\_\_\_\_

Please send photocopies of forms and documents. Keep originals for your records, as claim and supporting documentation become part of this claim record and cannot be returned to you.

- **The IRS has determined that canceled checks, check carbons, balance forward, previous balance statements, credit card receipts or statements are not acceptable documentation of expenses.**
- Receipt of faxed claims cannot be verified due to our large volume. Please call the automated system at (888) 295-5656 after 5p.m. Pacific Time or go online to [www.creativebenefits.com](http://www.creativebenefits.com) to determine if your claim has been received and entered.

**SECTION B - EXPENSES TO BE SUBMITTED** Attach any supporting documentation for services provided. If supporting documentation is not available for the particular services used, be sure to complete Section C below. If you paid the expenses with an employer issued payment card, you do not need to submit either a claim form or supporting documentation.

*All information is required. You may also directly enter your claim online at [www.creativebenefits.com](http://www.creativebenefits.com).*

expenses for the month* of:	transit expense**	parking expense***	amount to be reimbursed
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$

**Attach appropriate supporting documentation and submit with this form.**

**TOTAL amount to be reimbursed \$ \_\_\_\_\_**

- \*Expenses must be submitted within 180 days to be eligible according to IRS regulations or as indicated in your employer's Summary Plan Description.
- \*\*Transit passes, including mass transit passes, transit vouchers or fare cards used for the purpose of transportation from my home or from certain designated pickup locations to the workplace.
- \*\*\*Parking expense = parking, including payments for parking that is located on or near my employer's place of business or near a place from which I commute to work (e.g., via mass transit).

**SIGN AND DATE FORM EACH TIME**

I certify this claim in accordance with Section D - Employee Certification. Unsigned claims will automatically be denied.

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION C - EMPLOYEE AFFIDAVIT - FOR USE WHEN NO SUPPORTING DOCUMENTATION IS AVAILABLE AND AMOUNTS ARE NOT PAID WITH AN EMPLOYER ISSUED PAYMENT CARD**

I certify I have incurred the above amounts and paid for them in cash.

### SECTION D - EMPLOYEE CERTIFICATION

- I certify that:
- I have not been reimbursed and will not seek reimbursement for these same expenses under any other plan. I certify that I cannot claim these same expenses for an income tax deduction. All of these expenses qualify as eligible expenses for myself in accordance with the Plan and IRS regulations.
  - By providing my email address, I am requesting all communications regarding my Transit and/or Parking Account be sent to me via email.