FIFTH THIRD BANK

administered by CHARDSNYDER

Commuter Claim Reimbursement Request Form

COMPANY INFORMATION (please print)	
Company Name	Division (if applicable)

EMPLOYEE INFORMATION (please print)		
First Name		Home Phone ( ) -
Last Name		Work Phone ( ) -
SSN / (or Alternate Employee ID)	Date of Birth (mm/dd/yyyy) / /	Email Address
Street Address (Check if New Address ☐)		
City	State	Zip Code

REIMBURSEMENT REQUEST (please print)

Please indicate your qualifying expenses below. **DO NOT include expenses reimbursed by any other source**. Attach copies of bills, receipts, or other claim documentation if available. Documentation should include dates of service, description of service, provider's name and the expense amount. Cancelled checks are acceptable for parking and transit expenses. Claims must be filed within 180 days from the date of the expense.

QUALIFIED PARKING – GARAGE AND METER EXPENSES

DATE RANGE OF SERVICES	From / / through / /	**TOTAL Reimbursement Request**
TYPE OF SERVICE - SELECT ALL THAT APPLY BELOW:		
☐ **Parking Garage - Facility Name:** _____		**$** _____ **(REQUIRED)**
☐ **Metered Parking**		

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VANPOOLING		
DATE RANGE OF SERVICES	From / / through / /	**TOTAL Reimbursement Request** **$** _____ **(REQUIRED)**
Provider Name:		

CLAIM CERTIFICATION	
I certify that the qualified parking and vanpooling expenses for which reimbursement is requested above have been incurred by me while I am an eligible participant of the plan and all of the following are also true: I am not including receipts for metered parking because no receipt was available. I am responsible for any additional burden of proof if additional substantiation is required for any of these expenses. I am not being reimbursed for these expenses by any other benefit plan or program. I will not claim credit for these expenses on my individual income tax return.	
Participant Signature (Required)	**Date** / /

SEND THIS FORM TO CHARD SNYDER (if sending receipts, do not send originals)

Please submit this form with your documentation to Chard Snyder by one of the three methods listed to the right.

- ☑ **Fax to:** (888) 245-8452 ***(Please DO NOT include a fax cover page)***
- ☑ **Mail to:** 6867 Cintas Boulevard, Mason, OH 45040
- ☑ **Email to:** 53askpenny@chard-snyder.com

Commuter Claim Reimbursement Instructions

1. Complete all Company & Employee information on the front page (please print/type). NOTE: Please include your e-mail address if you want to receive an automatic e-mail notification whenever a claim is processed and when a reimbursement is approved for you to receive payment.
2. Attach supporting documentation, if available. Be sure to keep your original receipts, bills, etc. for your records. Originals, if sent, will be destroyed. Documentation should include the following items.
   ***** DO NOT Highlight ANY PART of your Receipt *****
   - ☑ Original date of service (not the date of payment)
   - ☑ Type of service submitted
   - ☑ Facility/Provider Complete Name
   - ☑ Amount charged to you (do not include amounts reimbursed by another source)

   Note: Claim requests must be made within 180 days of the date the expense was incurred.

   If a metered parking expense is incurred, please indicate the amount paid for the expense and sign the claim certification acknowledging that no receipt is available for the claim.
3. **It is REQUIRED that you Sign & Date** the '**CLAIM CERTIFICATION'** section on the front of this form.
4. **Fax, mail or email** this form and supporting documentation directly to **Chard Snyder**:
   - ☑ **Fax to:** 888-245-8452 **(*Please DO NOT include a Fax Cover Page*)**
   - ☑ **Mail to:** 6867 Cintas Boulevard, Mason, OH 45040
   - ☑ **Email to:** 53askpenny@chard-snyder.com
5. If you have questions, please contact us:
   - ☑ **Call Customer Service:** 888-350-5353
   - ☑ **Visit our website:** www.53hsa.com
   - ☑ **Email your questions to:** 53askpenny@chard-snyder.com
6. **Important Reminders:**
   - ☑ All requests are saved as electronic images. To ensure your claim is processed as soon as possible, and to avoid delays, please review the following recommendations:
   - ☑ Do NOT use a Fax Cover Page when faxing.
   - ☑ Do NOT Highlight any part of your receipts, bills, etc.
   - ☑ Only send copies of receipts, bills, etc.

     (Keep originals for your records – Chard Snyder will destroy all copies/originals received.)
   - ☑ Payments are issued after receipt and processing, subject to claim approval. **Transfer between accounts is prohibited.**
   - ☑ Any items for which you are reimbursed **cannot be claimed again** as deductions or credits on your individual tax return at the end of the tax year.
   - ☑ If a **Commuter** claim is submitted for an amount that is larger than the amount credited to your account, payments will be issued according to the amount available. Anything requested above the available amount will "backlog" and will be released as additional credits are made to your account. ***IRS Guidelines*** *prohibit the advancement of Commuter reimbursements*.
   - ☑ Payment will be made to you (participant only). **Payments cannot** be made to **alternate payee.**