



AMERICAN BENEFITS GROUP

BICYCLE EXPENSE – REIMBURSEMENT REQUEST

Please make copies and save for future claims filing

Name: _____ Last Four Digits of SSN: _____
Employer: _____ Email: _____

Expense Description	Date of Expense	Name of Service Provider / Vendor	Amount
TOTAL CLAIM			\$

By submitting this form, for the months checked below, I certify that I have:

- Ridden a bicycle for a substantial portion of my commute to and from work
- **Not** received any other qualified commuter benefit for Transit or Parking
- **Not** claimed any expenses for another individual
- **Not** been reimbursed nor will I seek reimbursement of the expenses listed above from any other source

Check all boxes that apply Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

READ CAREFULLY

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Company's Section 132 commuter benefit plan with respect to such expenses and that the commuter expenses have not been reimbursed and will not be reimbursed under any other fringe benefit plan. These benefits are only to be used for work related commuter expenses and are not available to your dependents. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relates to such expense.

Employee's Signature: _____ Date: _____

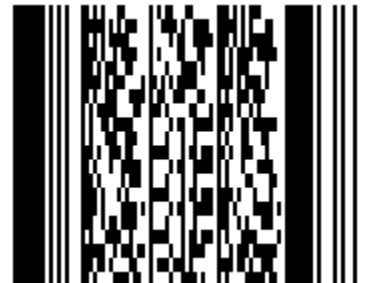
Please submit this claim form along with receipts. Receipts should indicate the dates of service, the name of the provider, nature of service, and the cost of the service.

Fax Toll Free: 877-723-0147

No Fax Machine?

Securely email to claims@amben.com

American Benefits Group, PO Box 1209, Northampton, MA 01061-1209 | 800-499-3539



IMPORTANT INFORMATION

Bicycle Expense Reimbursement Plan: IRS Code Section 132(f) allows employers to offer certain commuting benefits. This plan allows for reimbursement of eligible bicycle commuting expenses to qualified employees.

- The maximum annual reimbursement is equal to: \$20 times the number of “Eligible Months.” The maximum possible reimbursement is \$240 per year.
- “Eligible Months” are defined as months during the calendar year in which the employee was actively employed and regularly used a bicycle for a substantial portion of the travel between the employee's residence and place of employment.
- If an employee receives a qualified transportation fringe benefit (pre-tax transit or pre-tax parking) during a month, that month is not considered an “Eligible Month.”
- The \$20 amount is not indexed for cost-of-living changes and therefore will not increase each year.

Reimbursable Bicycle Expenses: Reimbursable expenses include the cost of purchasing a bicycle, bicycle improvements, repair, and storage for bicycles regularly used for commuting to and from work.

Supporting Documentation - For all expenses, attach bills or evidence of charges that clearly state all of the following:

1. Name of service provider
2. Nature of service or supplies
3. Amount of reimbursable expense under the plan
4. Date(s) of service

Submission of Reimbursement Requests – Fax (preferred), or email reimbursement requests. If your reimbursement request is denied, written notification will be mailed to you within four business days of claim review. You may resubmit expenses with proper documentation, if applicable.

Please note - Service dates for reimbursable expenses must fall within the plan year. Expenses incurred before participation began or after participation has terminated will not be reimbursed.

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