

# MASS-TRANSPORTATION REIMBURSEMENT REQUEST



To send scanned claims, or for additional forms, go to: [www.askallegiance.com](http://www.askallegiance.com)

*Please print legibly in black or blue ink*

EMPLOYER NAME:	TOTAL NUMBER OF PAGES SUBMITTED:
EMPLOYEE NAME:	ATTENTION:
PARTICIPANT ID: (Social Security Number or, if assigned, Allegiance ID)	COMMENTS:

Faxed and mailed claims may take longer to process than electronic claims and will not appear in your account until reimbursement occurs. For quick and easy processing, please login online to submit your claim. If you have not received reimbursement within two weeks, please contact an Allegiance representative at 877-424-3570.

**If you would like future payments directly deposited into your bank account, include a voided check with this form or sign up on the Allegiance website.**

**VAN-POOLING** is transportation between work and an employee's residence, but only if in a "commuter highway vehicle." A commuter highway vehicle is a highway vehicle with a seating capacity of six or more adults not including the driver, and at least 80 percent of the mileage use of which can reasonably be expected to be for purposes of transportation of employees between work and residence.

**TRANSIT PASS** means any pass, token, fare card, voucher, or similar item that entitles the employee to transportation, provided that such transportation is on mass transit facilities or in the type of highway vehicle eligible for use in van-pooling.

QUALIFIED MASS TRANSPORTATION	FOR THE MONTH OF	AMOUNT PAID
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

YOU MUST SUBMIT INDEPENDENT, THIRD PARTY DOCUMENTATION OF YOUR EXPENSES WITH THIS CLAIM FORM (receipt showing service dates and fees paid).

I certify that the dates and services are true and that the claimed expenses have been incurred in connection with transportation between my home and my place of employment.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Check here if your address has changed.

*\*\*Please inform your employer if your address has changed.*

New address: \_\_\_\_\_