

## Reimbursement Claim Form

Please use this form if you:

- (1) received different product(s) than what you ordered, or
- (2) did not receive your product(s) in the mail.

**PLEASE NOTE: Transit products received and later reported lost or stolen are not covered under the Reimbursement Claim process.**

### Instructions:

- Mail or fax this completed form, along with all required documents, by the 10<sup>th</sup> of the intended month of use (*i.e. for Products being used as of January 1<sup>st</sup>, you need to send this form by January 10<sup>th</sup>*).
- You must purchase the same transit product(s) as your original order.
- Provide a copy of your receipt for the correct pass you purchased (Proof of Purchase).\*
- If you received the incorrect product, enclose it in the envelope along with all required documents, and mail it to the address listed below.

**PLEASE NOTE: We are not responsible for returned product(s) not received. It is advisable to send your return back through a method that can be traceable.**

*\*Photocopies of passes and/or your confirmation email from Commuter Benefit Solutions does not qualify as proof of purchase and will not be accepted.*

**Complete this form with all required documents and send to:**

Mail:  
Attn: Customer Service – Reimbursements  
PO Box 70  
New Town, MA 02456

Fax (for undelivered pass claims only):  
617-904-1680  
Attn: Customer Service – Reimbursements

## Reimbursement Claim Form

Please use this form if you received an incorrect product.

**PLEASE NOTE: Transit products received and later reported lost or stolen are not covered under the Reimbursement Claim process.**

### Account Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address 1 \_\_\_\_\_ Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

### Order Information

Reference Number: \_\_\_\_\_

(Found in your online Commuter Benefits account, under *My Orders*)

Employer: \_\_\_\_\_

(Found in your confirmation email or in your order's fulfillment letter)

Transit Authority: \_\_\_\_\_

Transit Product: \_\_\_\_\_

Quantity: \_\_\_\_\_

**Statement of Acceptance:** (required: please check box to verify acceptance)

I have read and agree to the above stated Requirements to receive a reimbursement. I further acknowledge that I did not receive the product(s) I ordered. I understand that providing inaccurate or incomplete information will disqualify me from receiving my reimbursement. I understand that submitting this form does not guarantee a reimbursement, and that reimbursement will be determined by the policy set by my employer, benefit provider, and cooperating transit authority policies.

**Signature** (required): \_\_\_\_\_

**Date** (required): \_\_\_\_\_

**Comments:**

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