

YOUR spending ACCOUNT™

Fax:

617-977-1681

Attn:

Customer Service – Never Received Pass

P.O. Box 70

New Town, MA 02456

Never Received Pass Claim Form PLEASE READ BEFORE FAXING YOUR CLAIM

Your claim is important to us! All Never Received Pass Claim Forms are subject to review. For best results, this Never Received Claim Form must be accurate and must be received **no later than the 10th** of the benefit month. You must submit a receipt for your out-of-pocket expenses with the Never Received Claim Form. This claim is limited to one per year, and the amount of the reimbursement cannot exceed the cost of the original product ordered (even if discounts apply). **Transit products which are lost or stolen after you have received them cannot be replaced and are not covered under the Never Received Pass Claims policy.**

Please note: Some transit authorities and products have their own unique policies and thus are not covered under this Never Received Pass Claims policy, including but not limited to the following:

- | | |
|----------------------------------|---|
| ▪ Breeze Card (MARTA) | ▪ Compass Card |
| ▪ Clipper Card | ▪ GoTo Card (Metro MN) |
| ▪ Freedom Card (PATCO) | ▪ Metro North Railroad (Monthly) |
| ▪ Long Island Railroad (Monthly) | ▪ ORCA |
| ▪ METRA | ▪ SmarTrip (WMATA) |
| ▪ QCard (Metro Houston) | ▪ Commuter Check Card Prepaid MasterCard® |
| ▪ VPSI Vanpool | ▪ MTA/NYCT Annual Metrocard |
| ▪ Charlie Card (MBTA) | ▪ Enterprise Vanpool |
| ▪ MDTA | ▪ GoVentura (Ventura County) |
| ▪ PATH SmartLink | ▪ SunRail |
| ▪ Ventra (CTA/Pace) | ▪ Metrolink |
| ▪ SFRTA/Tri-Rail | |

For all other transit products, please follow the participant guidelines below.

Requirements

In order to receive reimbursement for out-of-pocket expenses, you must:

1. Notify Your Spending Account by the 3rd of the benefit month
2. Purchase the same transit product(s) as your original order
3. Acquire and photocopy your **receipts** (Proof of Purchase)*
4. Order Reference Number _____
5. Fax or mail form and receipts no later than the 10th of the benefit month

* Photocopies of passes and/or email confirmations of your orders do not qualify as proof of purchase and will not be accepted

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

☐ I have read and agree to the above stated Requirements to receive a refund. I further acknowledge that I did not receive my Commuter Benefits order in the mail OR I received the incorrect product. I understand that providing inaccurate or incomplete information will disqualify me from receiving my refund. I understand that submitting this form does not guarantee a refund, and that refunds will be determined by the policy set by my employer, benefit provider, and cooperating transit authority policies.

Signature (**required**) _____ Date (**required**) _____