

Instructions

Instructions for this form

- Submit this form to EMPOWER to be reimbursed for charges that you paid with another form of payment. Do not file a claim for transactions on your EMPOWER debit card.
- If your claim is approved, EMPOWER will mail a reimbursement check to the address we have for you on file, or issue a direct deposit to your bank account. This is determined by your preferences in the EMPOWER online portal.
- Make sure to total all expenses by service provider and month. Do not include expenses for multiple months on the same line.
- Sign and date this claim form.

Instructions for receipts

- Include receipts for all expenses. Send only copies. Keep the original receipts for your records.
- All receipts must contain the date of the transaction.
- If you were not provided with a receipt from the vendor, please mark on the form in the appropriate box.

Instructions for submitting to EMPOWER

Mail, fax, or email this form to:

EMPOWER
7309 e 21ST St. N Suite 110
Wichita, KS 67206

customerservice@empowerflex.com

Fax: (316) 687-2113

! *Please complete and return page 2 of this form to EMPOWER.*



Mail, fax, or email this form to:

EMPOWER
7309 e 21ST St. N Suite 110
Wichita, KS 67206

customerservice@empowerflex.com

Fax: (316) 687-2113

Commuter Benefits Account Plan Holder Information

Employer							
Full Name							
SSN (Last 4)		Date of Birth		/		/	

Claims for Out-Of-Pocket Expenses (Not on EMPOWER Debit Card)

Expense Type	Service Provider Name	Month of Service (MM/YY)	Total Cost
Mass Transit		/	
Vanpool			
Parking			

I have included receipts with this claim form The Provider did not provide me with a receipt

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Certification

I certify that the expenses reported on this form are accurate and were not reimbursed by any other plan. These services have already been provided to me.

Signature _____

Date _____