BASIC®

**Parking & Transit Account
Reimbursement Request Form**

Participant Information
To update your account information, log in https://cda.basiconline.com/.

Employer: _____

Name: _____ Participant ID :_____

How to Submit for Reimbursement & Eligible Expenses

CDA Portal: Skip this form and visit https://cda.basiconline.com/. Select Request a Reimbursement, follow the prompts, and upload documentation.

Secure Upload: Visit https://claims.basiconline.com/Portal.aspx and upload this form and documentation.

Fax this form and documentation to 269-327-0716

Mail this form and documentation to BASIC CDA Dept. PO Box 6278, Monona, WI 53716

Parking Eligible Expenses
Parking at or near an employee's work or mass transit used to commute to work.

Transit Eligible Expenses
Per IRS regulations, transit expenses must be paid with BASIC benefits card and CANNOT be reimbursed directly to member.

Mass transportation fares, which include any pass, token, fare card, ticket, etc. for public transportation to and from work

Commuter highway vehicle transportation, better known as vanpooling. The vehicle may be owned or leased by the employer or service provided by a vendor but must meet certain conditions.

Visit www.basiconline.com/regulations for more information on regulations.

Itemized Parking Expenses

Benefits Card used for this expense		Date of Service	Service Provider	Service [parking, pass, token, etc]	If a receipt was not provided, initial here to certify the expense	Requested Amount
Yes	No					
Yes	No					
Yes	No					

I certify that I have not already been paid for these expenses from my Parking/Transit Plan or any other source. I have submitted the above information in good faith, and it is correct to the best of my knowledge. I understand that reimbursement is not a guarantee. The service for which I am requesting reimbursement must be incurred during my period of participation. Services incurred after participation ends are not eligible for reimbursement even if there was a balance remaining in my account.

Signature: _____Date: _____