BICYCLE COMMUTER REIMBURSEMENT
CLAIM FORM

Use this form to submit out-of-pocket bicycle expenses incurred during the 2017 plan year for reimbursement. Eligible expenses include the purchase, improvement, repair and storage of a bicycle that is regularly used for travel between the employee's residence and place of employment. Examples of eligible and non-eligible expenses can be found on page 2 of this form. **All bicycle claims must be submitted by March 31, 2018.** Reimbursement will be issued one time between April 15, 2018 and April 30, 2018.

Today's Date: ___/___/___  # of pages: ______  Plan Year: 2017

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Employer Name/Division Name</th>
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<tbody>
<tr>
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<td>Boston University Bicycle Reimbursement Plan</td>
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Employee Mailing Address  □ Please check if change of address. You must also notify your HR department with this change.

<table>
<thead>
<tr>
<th>BU ID Number</th>
<th>E-mail Address</th>
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<th>City</th>
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<th>Zip Code</th>
<th>Work Phone</th>
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**Instructions**

- Carefully read participant eligibility for the plan on page 2.
- Enter the dates of your first and last expenses within the Service Date Range.
- Enter the dollar amount you are requesting reimbursement (up to $240.00).
- Sign and date the claim form.
- You must be enrolled in direct deposit in order to receive reimbursement. To enroll in direct deposit, log into your P&A Account at www.padmin.com. Click Direct Deposit under the Quick Links menu and enter your banking information.

Service Date Range: ___/___/___ to ___/___/___

Total amount requested for this claim: $ ____________

**Employee Certification**

- I hereby request reimbursement for the above claim amounts.
- I hereby certify that all information I provided is correct and true.
- I have not claimed any of the above expenses in any other plan or expense report.
- I understand that the claim amounts will be capped at the IRS limitations and my elected amounts.

Employee’s Signature: ___________________________ Date: ________________

Revised 11/15/2017
Participant Eligibility

In order to be eligible for the plan:

1. You must be a “regular” employee of the Charles River or Medical Campus during the month(s) in which you state you have commuted by bike to/from work in the calendar plan year and during the month in which you submit your attestation of these commuting months to the University.

2. You must not have held a University Subsidized MBTA pass or a University Parking Permit with the exception of a Red (pay-on-entry) permit during any portion of the month in which you are seeking bicycle reimbursement.

Claim Submission Guidelines

- Please include all receipts related to the claim being requested.
- IRS guidelines do not consider cancelled checks as valid documentation.
- Previous balances are not acceptable.
- All reimbursements will be made payable to the employee.

Fax or Mail: Log into your P&A Account to complete and print a claim form, and fax or mail it to:
Toll-free (877) 855-7105 | Mail: Flex Department 17 Court Street, Suite 500 Buffalo, NY 14202-3204

P&A Group Customer Service Information

Customer service representatives are available Monday - Friday, 8:30 AM - 10:00 PM ET.

Web: www.padmin.com
Phone: (800) 688-2611