



## FSA & Commuter Claim Form

*This form can be used to request reimbursement for eligible expenses incurred through Flexible Spending Accounts (FSA) and commuter benefits. Download and complete the form, then submit it using the instructions provided in the latter section to claim your reimbursement.*

### Section 1: EMPLOYEE INFORMATION (\*required fields)

\*Employee Name: \_\_\_\_\_ \*Employee SSN: \_\_\_\_\_

\*Employer Name: \_\_\_\_\_

### Section 2: REIMBURSEMENT REQUEST (\*required fields)

1. \*Person for Whom Expense Was Incurred: \_\_\_\_\_
2. If your claim includes expenses incurred by a spouse or eligible dependents, provide the dependent's relationship to the employee: \_\_\_\_\_
3. \*Name of Service Provider/Merchant: \_\_\_\_\_
4. \*Service Date Range (Month/Date/Year - Month/Date/Year):  
\_\_\_\_\_
5. \*Description of Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. \*Type of Expense (General Purpose FSA/ Limited Purpose FSA/ Dependent Care FSA/ Commuter - Parking expense/ Commuter - Transit Expense):  
\_\_\_\_\_
7. Expensed Amount: \_\_\_\_\_
8. \*Amount Requested to be reimbursed: \_\_\_\_\_
9. \*Merchant Signature/Stamp or Attach Itemized Receipt/Letter Head provided by the merchant as the explanation of expense with this form (Cancelled checks and/or credit card statements/receipts are NOT sufficient proof of your claim):  
\_\_\_\_\_  
\_\_\_\_\_
10. Additional Remark (if any): \_\_\_\_\_  
\_\_\_\_\_



### Section 3: CLAIM CERTIFICATION (*\*required fields*)

- To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants.
- I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction.
- I understand that the IRS regulates my FSA/Commuter account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement.
- I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment.
- I authorize my Flexible Spending Account/Commuter balance to be reduced by the amount requested.

\*Employee Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

### **Instructions:**

- To upload the completed form:
  - **For FSA expenses:**
    - Log in to your Rippling dashboard.
    - Navigate to My Benefits > FSA App > Claims tab.
    - Select Submit New Claim.
    - Fill in all required details and upload the completed form in the Upload Receipt section.
  - **For commuter expenses:**
    - Log in to your Rippling dashboard.
    - Navigate to My Benefits > Commuter App > Claims tab.
    - Select Submit New Claim.
    - Fill in all required details and upload the completed form in the Upload Receipt section.
- The completed form's file size should be less than 10 MB.
- Do not share the filled-up form via mail/email/chat.
- Check [this](#) Help Center article for more information on how to submit an FSA claim, and [this](#) article for details on submitting a commuter expense.