

Bicycle Plan Reimbursement Request Form

Use this form to request funds from your employer sponsored Bicycle Plan account.

INSTRUCTIONS

- Complete** all applicable sections of this form. Remember to sign and date the bottom of this form.
- Attach** all supporting documentation.
- Submit** this completed form to Igoe Administrative Services for review via:
 - Securely enter claim through your personal account at www.goigoe.com
 - Email to flex@goigoe.com
 - Fax to 800-456-9083
 - OR Mail to Igoe Administrative Services, P.O. Box 501480, San Diego, CA 92150-1480
- Tips**
 - Claiming funds from the bicycle benefit will render you ineligible to receive any transit or parking related plan reimbursements (if applicable) during the coverage month in which your bicycle claim is incurred.
 - Please allow up to 4 business days for your completed request to be updated online.
 - Remember to keep original receipts for your records as you may be required to provide documentation directly to the
- Questions?** Please contact Participant Services at flex@goigoe.com, 1-800-633-8818, Opt# 1.

Section A: About You *(All information is REQUIRED. Please print clearly)

Employer Name

Participant Name

Number of pages

Employee Number (If Applicable)

Home Address Please check if this is a change in address

City

State

Zip

E-mail Address

Phone Number

Section D: Bicycle Expenses Incurred

DATES COVERED	DESCRIPTION OF EXPENSE	NET AMOUNT
-		\$
-		\$
-		\$
-		\$
-		\$
-		\$
-		\$
TOTAL BICYCLE EXPENSES		\$

Section E: Authorization *REQUIRED (PLEASE SIGN AND DATE)

As a participant in the Plan, I certify that all of the above expenses were incurred at the time listed on this form and that such expenses are eligible for reimbursement through the Plan. If not, I understand that I may be liable for the payment of all related taxes including Federal, State or City income tax on amounts reimbursed. I also understand that no tax deduction is permitted for amounts for which reimbursement is made. I further acknowledge, that I agree to forfeit any right I may have to claim monies from my Transit or Parking account (if applicable) during the same coverage month.

Signature: _____ **Date:** _____