

**TOLL-FREE FAX: (877) 353-9236**

Or, mail to: WageWorks Processing Center

Attn.: Special Handling, PO Box 60010, Phoenix, AZ 85082



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# WageWorks Special Handling Form Instructions

## PLEASE READ THIS BEFORE SUBMITTING YOUR FORM

Your claim is important, but in order for us to process it and your reimbursement quickly and fully, we need you to completely and accurately fill out and submit the WageWorks Special Handling Form (SHF). To help you, we've provided the below guidelines. Please follow them when completing and submitting your claim.

### Tips for Filling out the Special Handling Form

- Complete a separate form for each pass.
- Read every box and provide all requested information pertaining to you and your claim.
- Provide the legal name your employer has for you in your official records, not your nickname.
- Make a copy of this completed form and your receipt for the out-of-pocket expense or the front and back of the pass (that shows the cost of your pass) and retain it until this request has been resolved.
- Make sure you sign the form.

### Things to Remember When Including Passes

- Include a late, incorrect, or defective pass for each claim where possible.
- Passes must be the original pass; photocopies of passes are not acceptable.

### Tips for Submitting the Special Handling Form by Fax

- Do not use a cover page.
- Fax OR mail this form; do not do both.
- Use a high-speed fax machine with a transmission speed of at least 9.6 kbps or 15 sec. per page.
- Do not combine and submit a coworker's claims with yours.

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ACCOUNT HOLDER INFORMATION

Grid boxes for Last Name and First Name

Grid boxes for ID Code (last 4 digits)\* and Employer / Program Sponsor's Name

Grid boxes for Zip Code, Birth Month/Day (MM/DD), and Email Address (complete only if new)

CERTIFICATION AND AUTHORIZATION

My signature certifies that the information on this page is correct and complete.

Signature of Account Holder X \_\_\_\_\_ Date \_\_\_\_\_

ABOUT YOUR PASS

Grid boxes for Name of Service Operator

Grid boxes for Type of Pass, Benefit Month (MM/YY), and Amount

OPTION 1: REQUEST FOR REIMBURSEMENT

I want to be reimbursed. I had to buy a replacement pass because (check one):

- I did not receive my pass by the first day of the benefit month.
My late pass is enclosed.
My late pass is NOT enclosed. (I am obligated to return the pass to WageWorks if I ever receive it.)
I received a different pass than the one I ordered. (I am enclosing the pass I received.)
I received a defective pass that has never worked. (I must enclose the pass to receive reimbursement. If my pass worked at least once, then I cannot receive reimbursement from WageWorks but should return the defective pass to my service provider.)

OPTION 2: REQUEST FOR CREDIT

The following situation may result in a credit, rather than a reimbursement. Any credit issued will be applied to reduce your next commuter pre-tax payroll deduction automatically.

- I would like a credit for a pass I cannot use. (I am enclosing the pass, which will be returned to the service operator. I understand that I will receive credit only if and when the service operator provides a credit to WageWorks.)

OPTION 3: RETURN PASS

Complete this section only if you have already submitted a request for reimbursement on the pass you are returning.

- I received my pass after I purchased a replacement pass and requested reimbursement (I am enclosing the pass I received late.)

\* Your ID Code is the last 4 digits of your Social Security Number, your Employee Number or other reference number assigned by your program sponsor. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.