

## HOW TO CLAIM YOUR \$20 MONTHLY TRANSIT OR BICYCLE SUBSIDY

#### THIS IS A THREE-PART PROCESS:

- A. Sign up for Direct Deposit
- B. Choose and Enroll in Your Subsidy
- C. Print, Scan and Upload your Subsidy Attestation Form (page 9)

## A. SIGN UP FOR DIRECT DEPOSIT

- 1. Go to http://www.BenefitResource.com.
- 2. You must first *REGISTER* and enroll with your personal information on the BRI website.
- 3. <u>After completing Registration, Log In to your Account. You will see this image</u> <u>showing Your Name above **DASHBOARD** on the left</u>





4. <u>Click the down arrow next to your name. That will reveal the drop-down menu.</u> <u>Click **Direct Deposit**</u>



- 5. Enter your banking information in the fields shown. You will need to know
  - a. Account Type Checking or Savings.
  - b. Bank Routing Number Also available on the internet for most banks.
  - c. Bank Name Will autofill from the Routing number.
  - d. Bank Account Number Enter all digits.
  - e. Retype Bank Account number Make sure it's correct.

LEISL GRIFFITH Direct Deposit ●	
REDMOND	
Profile ACCOUNT TYPE	
Divisit Deposit BANK ROUTING NUMBER	
Logant	
DASHBOARD BANK NAME	
E SPECIALTY PLANS	
COMMUTER BENEFIT PLANS ACCOUNT NUMBER	
DOCUMENTS	
RADS RE-TYPE ACCOUNT NUMBER	
SUBMIT CLAMS/RECEIPTS	
AUTHORIZATION AGREEMENT I hereby authorize Benefit Resource, Inc. to I	initiate credit entries to the
bank account indicated above and, if necess	ary, to initiate debit entries and



6. <u>Read the Authorization Agreement. Click **I Agree**</u>. Save your information, or Update Information.

7. Success! 🐳 🕅 You should see this screen.





# B. CHOOSE AND ENROLL IN YOUR SUBSIDY

#### 1. When you Log In, you'll be on your DASHBOARD.

≡ BR <b>i</b> Web	LEISL GRIFFITI	H View Card Status	View Profile
LEISL GRIFFITH			
DASHBOARD	FEBRUARY 04, 2021		
SPECIALTY PLANS	NOW AVAILABLE: Cla	aim Reimbursement Notif	ications
COMMUTER BENEFIT PLANS	BRiAlerts now include claim reimburse email and/or text notification once you	ment notifications! This opt-in resource will r claim has been processed. No more guess	provide you with an ing about when your
DOCUMENTS	information is correct to receive these	er your online account at BRIVVeb and verity alerts.	/ that your contact
FAQS			
СНАТ	Account Overview		
SUBMIT CLAIMS/RECEIPTS	ACCOUNT TYPE	PLAN YEAR	BALANCE
ENROLLMENT/CHANGES	Mass Transit	Ongoing	\$0.00
	Transit and Bicycle Subsidy	04/01/2021 - 03/31/2022	\$0.00

#### 2. From the left side menu, Click SUBMIT CLAIMS & RECEIPTS.

On this page, Click Start Claim.





3. You'll see this page "Submit a FSA/HRA Claim.".

≡ BRI Web	Dastecoard Submit ClaimsReceipte Submit a Claim
LEISL GRIFFITH	Submit a FSA/HRA Claim
DASHEGARD	LEISL GRIFFITH REDMOND Please enter your claim item below. Be sure to attach receipts for the claim item, and that electronic receipts are legible before attaching. If
SPECIALTY PLANS	1815 170TH AVE you wish to submit receipts by fax or mail, please visit Documents to HAYWARD. CA download a claim form
COMMUTER BENEFIT PLANS	94541 MISSLEIRED7@
DOCUMENTS	GMAIL.COM
FAQS	
SUBMIT CLAIMS/RECEIPTS	Claim Item
ENROLLMENT/CHANGES	SERVICE PROVIDER
	TYPE OF SERVICE
	ITEM PURCHASED/SERVICE RENDERED
	DATES OF SERVICE

- 4. <u>Under "**Claim Item**", enter the following information in the fields as shown</u> below.
  - a. SERVICE PROVIDER Self
  - b. **TYPE OF SERVICE** Subsidy Claim amount = \$240
  - c. **ITEM PURCHASED/SERVICE RENDERED** TRANSIT & BICYCLE SUBSIDY
  - d. **DATES OF SERVICE** Enter TODAY'S DATE in BOTH date fields *EXAMPLE: 4/1/2021 to 4/1/2021*

SERVICE PROVIDER			
Self			
TYPE OF SERVICE			
TRANSIT AND BICYCL	E SUBSIDY	f	
ITEM PURCHASED/SERVI	CE RENDER	RED	
Subsidy			
DATES OF SERVICE			
04/01/2021	to	04/01/2021	
CLAIM AMOUNT			
240			



## 5. <u>Click Save after you have completed all the fields.</u>

ROVIDER OF	TYPE OF SERVICE	ITEM PURCHASED / SERVICE RENDERED	DATE(S) OF SERVICE	CLAIM AMOUNT	
Self	TRANSIT AND BICYCLE SUBSIDY	Subsidy	04/01/2021	\$240.00	Edit
				Total:	\$240.00
SERVICE PRO	VIDER				
Self					
TYPE OF SER	VICE				
TRANSIT A	ND BICYCLE SUBSID	Y	~		
ITEM PURCHA	SED/SERVICE RENDE	RED			
Subsidy					
DATES OF SE	RVICE				
04/01/2021	to	04/01/2021			
CLAIM AMOU	т				
240					



# C. PRINT, SCAN AND UPLOAD YOUR SUBSIDY FORM

- 1. You can find the Subsidy Attestation Form attached as the last page of these instructions. [The form is also saved under the Commute Benefits tab on iCOBWeb]
  - a. Complete the Form,
  - b. Scan and save file to your computer as a PDF, JPEG, JPG, BMP, GIF, TIF, TIFF. (Filename should be "First Name Last Name Attestation Form")
  - c. Click Choose File
  - d. Upload your file to the website as an Attachment.
  - e. Click Save

Choose File No file chosen	Required receipt detail: Name of provider, Date of service, description of service, cost
Submit Cancel Claim	

## 2. Click Submit. All done!

Attachment(s) ACCEPTED FILE TYPES: \*JPG, \*JPEG, BMP, GIF, PDF, PNG, TIF, TIFF \*INDICATES RECOMMENDED FORMAT

FILE NAME	FILE SIZE	FILE TYPE	
Leisl Attestation Form.pdf	424.2 KB	PDF	Delete
Add Another Attachment			
Submit Cancel Claim			
© 2021 Benefit Resource, Inc.	To roa	last a DIN for use with a Der	Terms of Use Privacy Policy



 You should see this Recent Claim Activity screen. Claim submitted successfully means your <u>subsidy enrollment is complete!</u> I have the subsidy enrollment is complete!

# **Recent Claim Activity**

Claim submitted successfully.						
FSA/HRA Claims						
PROVIDER OF SERVICE	TYPE OF SERVICE	ITEM PURCHASED / SERVICE RENDERED	DATE(S) OF SERVICE	CLAIM AMOUNT	SUBMITTED	
Self	TRANSIT AND BICYCLE SUBSIDY	Subsidy	04/01/2021	\$240.00	04/01/2021 7:36pm	
				Total:	\$240.00	
© 2021 <u>Benefit Res</u> 245 Kenneth Drive	<u>purce, Inc.</u> Rochester NY 14623-4277   (80	10) 473-9595 To reques	t a PIN for use with a	<u>Terms of L</u> Beniversal or eT	lse Privacy Policy RAC card, call (855) 247-0198	

## 4. You'll get this confirmation email sent to the address you saved in your BRI account.

BRIWEB: Claim Submission Confirmation	
Inbox	
Benefit Resource, Inc <donotreply@benefitresource.com< td=""><td>Apr 1, 2021, 4:36 PM (18 hours ago)</td></donotreply@benefitresource.com<>	Apr 1, 2021, 4:36 PM (18 hours ago)
to LEIRED	inclus ago,
Dear LEISL,	
This email confirms receipt of your claim on 2021-04-01 with a requested a $\$240.00.$	amount of
Please login to your account at <u>www.BenefitResource.com</u> to view the stat claim, to sign-up for direct deposit for reimbursement or to update your not preferences.	tus of your tification
For assistance, please contact the Participant Services Department. Phone: (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time) Email: participantservices@BenefitResource.com Online Live Chat: Monday - Friday, 8am - 5pm (Eastern Time) (only availa participant login access)	ble with
Sincerely, Benefit Resource	