

# Emergency Ride Home Claim Form

As an employee at a participating Commute Ontario workplace, you are eligible for the Emergency Ride Home (ERH) program. If you have an unforeseen emergency on any day you use a sustainable mode to commute to work, you can request a reimbursement of up to \$75 for your emergency transportation costs. Please ensure you retain all emergency transportation receipt(s).

Not sure if you qualify for an ERH reimbursement, please review the ERH terms and conditions at [commuteontario.ca/ERHTOC](https://commuteontario.ca/ERHTOC) and the ERH Frequently Asked Questions at [commuteontario.ca/ERHFAQ](https://commuteontario.ca/ERHFAQ)

There are no limits to the number of claims you can make in a given month or year. However, second and subsequent claims in a single year will be verified with your workplace supervisor by Commute Ontario.

## Follow these steps to request a reimbursement:

1. Review the Terms and Conditions at [commuteontario.ca/ERHTOC](https://commuteontario.ca/ERHTOC) to see if your request is eligible.
2. Fill out all fields on this form. We recommend keeping a copy of this form and receipt(s) for your records.
3. Mail this form along with your original receipt(s) to:  
SustainMobility  
Attention: ERH Claims  
4080 Confederation Pkwy Suite 202  
Mississauga Ont, L5B 0G1

Allow 4 to 6 weeks to receive reimbursement by cheque. All cheques will be sent to your work address.

For questions about the ERH program or for information about an ERH claim, email us at: [erh@commuteontario.ca](mailto:erh@commuteontario.ca)



## Your Information

First Name:

Last Name:

Work Email Address:

Work Phone Number:

Work Phone Extension #:

## Work Address (Reimbursements will be sent to your work address)

Employer Name:

Work Street Address:

Work Floor/Suite #:

Work City:

Work Postal Code:

## Claim Verification Information

Supervisor's First Name:

Supervisor's Last Name:

Supervisor's Work Email Address:

Supervisor's Work Phone Number:

Supervisor's Work Phone Extension:

Sustainable mode of transportation used to get to work on the day of emergency:

If Other, please Specify:

Date and Time of your Emergency Ride Home:

Where did your Emergency Ride Start? (i.e. From work, other?):

Final Destination for your Emergency Ride:

How did you get to your Final Destination:

If Other, please Specify:

Ride Reason:

Reimbursement Amount:

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**Name:**

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**Signature:**

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**Date:**

**Consent:** By signing above you certify that all information on this form is truthful and correct, and that you agree with all the Emergency Ride Home terms and conditions at [commuteontario.ca/ERHTOC](http://commuteontario.ca/ERHTOC).