

Uber Order Form Instructions

Please use the enclosed Order Form to request Uber funds.

When completing an Uber Order Form for iLIFE, the following applies:

1. Participant Name is who should be contacted if there are questions about this claim. If some entity other than you bills for the work, this section must be filled in.
2. Service Month - month the service occurred.
3. Enter your cellular phone number
4. Add Monthly funds needed for Uber services. This information comes from the verification letter, service plan (ISSP), or the service code description (i.e., mileage).
5. Check the auto renewal box if you would like funds added each month. If you do not choose to auto renew, monthly submissions are required.

Please submit the completed form to IRIS.Claims@iLIFE.org.

After submitting this form:

1. Our Vendor Claims department will receive your order.
2. We will process your claim within the running pay period.
3. iLIFE will process your request and load funds to Uber.
4. You will receive a text message once funds have been loaded to your account.

If you have any questions or need help, please call iLIFE at 1-888-800-5599

Note:

- Unused funds do not roll over month to month
- Tipping is not permitted in the Health Account.
- There are no additional fees for extra passengers, as long as the total number is less than the vehicle's capacity.

Uber Order Form

Auto Renew: ☐

Service Month: _____

Service Code: T2003

Ordering Information

Participant Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell Phone Number: (_____) _____ - _____

Uber:

Monthly funds requested = Total \$ _____

As of February 2026, the average cost for an Uber ride in Wisconsin ranges from \$1.50-3.00/mile.

Uber Total \$ _____

Participant/Guardian Signature: _____

Date: _____

(8/2026)