

TRANSPORTATION REIMBURSEMENT ACCOUNT CLAIM FORM

PLAN YEAR through

Section I – Employee Information

Last Name, First Name	MI	Day Phone	Employee SSN □ □ □ - □ □ - □ □ □ □
Address	City	St	Zip
			Email

Instructions

1. Complete Section I – Employee Information. This form can only be used for services incurred during the plan year shown above. Claims must be submitted at least two (2) full business days prior to the scheduled reimbursement date.
2. **Do not staple any documentation to claim form, please tape to separate sheet or include loosely in envelope. Do not send originals (all claims are stored electronically and paper copies will be shredded).**
3. Complete Section II – Parking Claims. Attach proper documentation showing the date(s) of service and cost of service for the parking expense. Indicate if a receipt is not provided in the normal course of business and sign the affidavit below.
4. Complete Section III – Mass Transit Claims. Attach proper documentation showing the date(s) of service and cost of service for the mass transit expense. Indicate if a receipt is not provided in the normal course of business and sign the affidavit below.
5. Complete Section IV - Signing the claim form. Fax or mail a signed claim form, but do not do both. All claims are stored electronically and paper copies will be shredded. Online claims status is available at www.flex-plan.com. Please allow a few days for your claim to be processed.

Section II – Parking Account

Start Date	End Date	Receipt (YES or NO)	Parking Provider	Cost
-	-			
-	-			
-	-			
-	-			
-	-			
-	-			
-	-			
			Total Parking Account Request	\$

Section III – Mass Transit Account

Start Date	End Date	Receipt (YES or NO)	Transit Agency	Cost
-	-			
-	-			
			Total Transit Account Request	\$

Section IV – Signature

To the best of my knowledge and belief, my statements on this claim form are complete and true. I understand that I am solely responsible for the validity of claims submitted to my Transportation Reimbursement Account. I am claiming reimbursement only for qualified transportation expenses incurred by myself during the plan year shown above and certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source. By providing my email address, I am requesting that all possible communications regarding this claim may be sent via email. I hereby authorize my Transportation Reimbursement Account to be reduced by the amount(s) shown above.	
Participant's Signature X	Date
Expense Certification: I hereby certify that for each expense listed above, for which I have not attached documentation verifying the expense, that a receipt, bill or documentation was not available as part of the normal business transaction from the provider of the service. (2 nd signature required below)	
Participant's Signature X	Date

Fax completed form and documentation to:
FAX: (425) 451-7002 or toll-free (866) 535-9227

OR

Mail forms and documentation to: **Flex-Plan Services, Inc.**
PO Box 70366 Bellevue, WA 98007

Customer Service Line: (425) 452-3500 or (800) 669-FLEX Visit our Web site at www.flex-plan.com