

Claim Filing & Documentation Instructions

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| <p>1) Please sign claim form, include your email address and provide complete documentation for requested information. Claims received on Tuesday, will be mailed on Thursday.</p> <p>2) List each month of parking or transit expenses separately on this form.</p> | <p>3) You will be reimbursed for parking and transit expenses incurred within the month up to the monthly amount you elected.</p> <p>4) You may submit prepaid receipts for reimbursement.</p> |
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Part I: Employee Information (Please Print) *(If you wish to update your address, please visit our web site @ www.flexamerica.com)*

Company Name		Check ONE (REQUIRED): <input type="checkbox"/> NEW claim <input type="checkbox"/> Resubmitted claim	
Employee Name	Daytime Phone Number	Social Security Number	
Street Address: _____ City _____ State _____ ZIP Code _____			
Check here if this a new address: <input type="checkbox"/>		Email Address _____	
<p>*Please Note* If you are submitting Debit Card verification receipts, please use the Flex MasterCard Claim Form available on our website. http://www.flexamerica.com/flex/pdf/claim_fsa_debit.pdf</p>			

Part II: Parking & Transit Expenses

Account Type (Parking or Transit)	Dates of Service (from)	Dates of Service (to)	Reimbursement Amount Requested	Provider Name	Receipt available?
Example: Parking	01/01/05	01/31/05	50.00	Metro Parking	No
1)					
2)					
3)					
4)					
5)					
6)					
Enter Total:					

Part III: Certification

Employee Certification	I certify that these expenses for which reimbursement is claimed are eligible expenses and have been incurred by me during a period which was covered under my employer's parking and transit plan.	
	Employee Signature (REQUIRED)	DATE

Comments on your claims: