

Transportation Management Account (Mass Transit/Parking) Reimbursement Claim Form

EMPLOYEE INFORMATION

Name: _____ SS# _____
 Address: _____ Company Name: _____
 City/State/Zip: _____

Transportation Reimbursement

COMPLETE FOR MASS TRANSIT/PARKING REIMBURSEMENT ACCOUNT

IMPORTANT INSTRUCTIONS: Complete the information below for Transportation Expenses incurred or paid by you. You must provide bills, invoices, statements from an independent third party, used transit passes or other evidence showing the Expenses were incurred or paid (canceled checks are not accepted). Be sure to provide all information requested by this Form. Any incomplete form will be returned. Please date and sign the Form and send it along with your supporting documentation to BeneFLEX HR Resources.

Date Paid	Period Covered		Mass Transit/Parking Provider	Amount Claimed
	From	To		
Total Amount Requested:			—————→	\$

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's Cafeteria Plan. The undersigned fully understands he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

Employee's Signature (must be signed for proper processing)

Date

BeneFlex HR Resources Inc.
10805 Sunset Office Dr, Ste 401
St. Louis, MO 63127
314.909.6983 (fax)

FAX or MAIL (we prefer fax)
ALONG WITH SUPPORTING
DOCUMENTATION
<http://www.beneflexhr.com/copower>

GUIDELINES FOR SUBMISSION OF CLAIMS: *The Internal Revenue Code provides the following guidance:*

Transportation Management Account

- Receipts submitted, must show the following information:
 1. Date paid for service.
 2. Period Covered.
 3. Mass Transit Provider
 4. Amount of charge
- Canceled checks and credit card slips are not allowable receipts.
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For Your Reference

- Scheduled processing date(s): Weekly
- To ensure you are reimbursed, all claims must be received by BeneFLEX HR Resources, Inc. no later than 6:00 a.m. (Pacific Standard Time) on Wednesday for Thursday's weekly processing.
- BeneFLEX phone numbers -- (314) 909-6979 and (800) 631-3539 fax number (314) 909-6983
- If you terminate employment, any expenses incurred after your termination date are not eligible for reimbursement. Medical Expenses can still be claimed if you continue your participation under COBRA.
- If you fax your claim, keep a copy of the confirmation statement in case BeneFLEX does not receive your paperwork.
- Please itemize the expenses on your claim form.
- You can contact BeneFLEX HR Resources, Inc. by e-mail at info@beneflexhr.com or visit our web page for up-to-date information such as Frequently Asked Questions, download forms, e-mail questions to our team members, articles on changes in the Cafeteria Plan regulations. Our web address is <http://www.beneflexhr.com>

For account balance or forms visit our web page or voice account system:

www.beneflexhr.com/copower - click on section 125 – for forms or click on the employee account for web access to your secure account. To hear your account balance on the phone call 913-789-4600. **The web and phone system will ask for your SS # (use your CoPower 900 + last 6 digits of your SS# Ex. 900123456) and allow you to check your account balances by using your keypad.**