



Reimbursement Claim Form

EMPLOYEE INFORMATION

Name: _____ Last four digits of your Social Security #: _____
 Address: _____ Company Name: _____
 City/State/Zip: _____

Please check box if address is new.

Transportation/Parking Reimbursement

COMPLETE FOR MASS TRANSIT/PARKING REIMBURSEMENT ACCOUNT

IMPORTANT INSTRUCTIONS: Complete the information below for Transportation/Parking 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		Type of Expense		Mass Transit/Parking Provider	Amount Claimed
	From	To	Transit	Parking		
Total Amount Requested: _____ →						\$

Eligible expenses that are incurred must be submitted for Reimbursement on a completed claim form to the claims administrator within 180 days of the date you incur the expense.

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

To Submit a Claim:

- Visit us at: www.beneflexhr.com and submit your claim electronically through the Employee Portal, (click on Employee, Employee Login),
- Submit your claim via the **BeneFlexHR Mobile App** (available on iTunes or Google Play), or
- Send your claim form along with all supporting documentation directly to BeneFLEX via email: info@beneflexhr.com, fax: 314.909.6983 or mail: 10805 Sunset Office Drive., Ste. 401, St. Louis, MO 63127.

Claims Processing Deadline:

- **Tuesday at 3:00 p.m. CST; 1:00 p.m. PST. BeneFLEX issues checks on Thursday.**

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.

For Your Reference

- Scheduled processing date(s): Weekly or Daily (company specific).
- To ensure you are reimbursed, all claims must be received by BeneFLEX HR Resources, Inc. no later than 3:00 p.m. (CST) 1:00 p.m. (PST) Tuesday for 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 us online 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.

Check Your Account Balance

- Visit us online at www.beneflexhr.com, click on "Employee" and then select "Employee Login"
- Download our mobile app, **BeneFlexHR Mobile**, (available on iTunes or Google Play)
- Call our Interactive Voice Response System (IVR) at (855) 210-9527



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