



REQUEST FOR REIMBURSEMENT
 COMMUTER CHOICE REIMBURSEMENT ACCOUNT

INSTRUCTIONS FOR FILING YOUR REIMBURSEMENT REQUEST

1. Fill out entire form completely, including signature, and mail or FAX to Benefit Strategies at the address above with all supporting documentation. Complete claims received by **Noon** on Thursday will generally be processed for reimbursement on Friday.* **Incomplete and unsigned claims will be returned.** The minimum check issue amount is \$25 unless it is the last claim for your account. **May not apply to all clients.*
2. Reimbursement is only for proven out-of-pocket expenses incurred during the plan year. Requests for reimbursement can be submitted (not incurred) up to 3 months beyond the end of the plan year.
3. Third party documentation of all expenses you are claiming must be stapled to form. Documentation must show the date the expense was incurred (not the date paid), the amount of the expense that you are responsible for, the provider of services, and a description of the service and/or expense. Cancelled checks are not acceptable documentation.
4. Benefit Strategies prefers you maintain your original receipts with your tax records and send us copies of your receipts on 8 1/2 x 11 paper.

TRY TO FAX EARLY IN THE WEEK. FIVE (5) PAGE LIMIT, PLEASE!

EMPLOYEE SIGNATURE: _____

DATE: _____

PARTICIPANT NAME: _____ EMPLOYER: _____
 SOCIAL SECURITY #: _____ EMAIL ADDRESS: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____ PLEASE CHECK IF NEW ADDRESS

PARKING EXPENSE REIMBURSEMENT ACCOUNT

Attach a receipt for each Parking Expense, which clearly shows the date, the amount of expense and the name of the parking facility. 2008 Monthly Maximum is \$220 per month - Please list by Monthly Totals

DATES OF SERVICE		EXPENSES INCURRED	DATES OF SERVICE		EXPENSES INCURRED
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

MASS TRANSIT EXPENSE REIMBURSEMENT ACCOUNT

Attach a receipt for each Parking Expense, which clearly shows the date, the amount of expense and the name of the Mass Transit System. 2008 Monthly Maximum is \$115 per month - Please list by Monthly Totals

DATES OF SERVICE		EXPENSES INCURRED	DATES OF SERVICE		EXPENSES INCURRED
JANUARY			JULY		
FEBRUARY			AUGUST		
MARCH			SEPTEMBER		
APRIL			OCTOBER		
MAY			NOVEMBER		
JUNE			DECEMBER		

I understand that eligible Mass Transit Expenses include:

1. The cost of any pass, token, fare card, voucher or other item that entitles me to use mass transit for the purpose of traveling to or from my place of work.
2. Transit may be via:
 - ✓ A mass transportation system
 - ✓ A private mass transit enterprise conducted by a company or individual that is in the business of transporting people in a "commuter highway vehicle". Such a vehicle must have a seating capacity for six or more adults (not including the driver), and at least 80 percent of the vehicle's mileage must be used by a minimum of three commuters (not including the driver). The vehicle may be owned or leased by an employer for use by employees, or a third party provider. Employees can also own and operate commuter highway vehicles.