



COMMUTER CHOICE BENEFIT PLAN REIMBURSEMENT REQUEST FORM

FAX CLAIMS TO: (603) 647-4668 (15 PAGE MAXIMUM)
 CLAIM SUPPORT: (603) 647-4666 or (888) 401-FLEX
 EMAIL CLAIM SUPPORT: claimsupport@benstrat.com
 MAIL TO: PO Box 1300, Manchester, NH 03105-1300
 ONLINE ACCOUNT: <http://www.benstrat.com>

Name: _____ Social Security Number: _____
 Company: _____ Plan Year: _____ -to- _____
 Address: _____ Check if NEW: E-mail: _____
 City: _____ State: _____ Zip: _____ Telephone: () - _____

INSTRUCTIONS / REMINDERS

Fill out the form **completely, including signature**, and FAX or Mail to Benefit Strategies at the address above. Completed claims received by Noon on Thursday will generally be processed for reimbursement on Monday and checks will be received in the following 3 to 4 days. **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.**

PARTICIPANT STATEMENT & SIGNATURE (REQUIRED)

Read Carefully: The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Transportation/Parking Account with respect to such expenses and that the expenses have not and will not be reimbursed under any other Transportation/Parking Account plan. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that 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 with relation to such expense. Your Transportation/Parking Account may be limited to the types of expenses that may be reimbursed to you. Please read the Summary Plan Description for your Plan, for a list of eligible expenses.

PARTICIPANT SIGNATURE _____ Date: _____

PARKING INSTRUCTIONS

- Parking a vehicle in a facility that is near the employees' workplace
- Parking at a location from where the employee commutes to work

PARKING EXPENSE REIMBURSEMENT ACCOUNT

FILL OUT THE CHART BELOW WITH YOUR PARKING EXPENSES; PLEASE INCLUDE THE NAME OF THE PARKING FACILITY AND THE TOTAL AMOUNT INCURRED OVER THE MONTH. IT IS YOUR RESPONSIBILITY TO KEEP TRACK OF DAILY AMOUNTS BUT PLEASE CLAIM THE TOTAL FOR EACH MONTH

* 2010 MONTHLY MAXIMUM IS \$230 PER MONTH*

	NAME OF PARKING PROVIDER	TOTAL AMOUNT INCURRED PER MONTH		NAME OF PARKING PROVIDER	TOTAL AMOUNT INCURRED PER MONTH
JANUARY		\$	JULY		\$
FEBRUARY		\$	AUGUST		\$
MARCH		\$	SEPTEMBER		\$
APRIL		\$	OCTOBER		\$
MAY		\$	NOVEMBER		\$
JUNE		\$	DECEMBER		\$

MASS TRANSIT INSTRUCTIONS

Mass Transit Expenses include: 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.

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.

MASS TRANSIT EXPENSE REIMBURSEMENT ACCOUNT

FILL OUT THE CHART BELOW WITH YOUR MASS TRANSIT EXPENSES; PLEASE INCLUDE THE NAME OF THE MASS TRANSIT FACILITY AND THE TOTAL AMOUNT INCURRED OVER THE MONTH. IT IS YOUR RESPONSIBILITY TO TRACK YOUR DAILY AMOUNT LOG FOR IRS TAX REPORTING, BUT PLEASE CLAIM THE TOTAL FOR EACH MONTH

* 2010 MONTHLY MAXIMUM IS \$230 PER MONTH*

	NAME OF TRANSPORTATION PROVIDER	TOTAL AMOUNT INCURRED PER MONTH		NAME OF TRANSPORTATION PROVIDER	TOTAL AMOUNT INCURRED PER MONTH
JANUARY		\$	JULY		\$
FEBRUARY		\$	AUGUST		\$
MARCH		\$	SEPTEMBER		\$
APRIL		\$	OCTOBER		\$
MAY		\$	NOVEMBER		\$
JUNE		\$	DECEMBER		\$