



Parking Benefit Plan Reimbursement Request Form

Fax: (603) 647-4668
Address: PO Box 1300, Manchester, NH 03105-1300
E-Mail: Flexdept@benstrat.com

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|----------------------|-----------------------|--|--|--|--|--|
| Employee: _____ | Last 4 digits of SSN: | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> | | | | |
| | | | | | | |
| Primary Phone: _____ | Employer: _____ | | | | | |
| Email: _____ | | | | | | |

E-mail is required to receive important account notifications.

Fill out form completely, including signature, and fax or mail to Benefit Strategies at the address listed above. Incomplete and unsigned claims will be returned. Please limit the number of pages faxed to a maximum of 15 pages. Reimbursement requests should be for a minimum of \$25 (unless using remaining account balance). Notifications will be sent via e-mail for claim confirmation, payment notification and denial letters. Payments will be sent to address on record. Claims will be applied to the earliest eligible plan year.

Please Note: You must submit claims for reimbursement within 180 days after you incur a Qualified Parking Expense

Parking Reimbursement Expenses

| Month Expense Incurred | Name of <u>PARKING</u> Provider | Total Amount to be Reimbursed | Month Expense Incurred | Name of <u>PARKING</u> Provider | Total Amount to be Reimbursed |
|------------------------|---------------------------------|-------------------------------|------------------------|---------------------------------|-------------------------------|
| January | | | July | | |
| February | | | August | | |
| March | | | September | | |
| April | | | October | | |
| May | | | November | | |
| June | | | December | | |

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 Parking Account with respect to such expenses and that the expenses have not and will not be reimbursed under any other 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. The Parking Account may be limited to the types of expenses that may be reimbursed to you.

| | | | |
|-----------------------|--|-------|--|
| EMPLOYEE'S SIGNATURE: | | DATE: | |
|-----------------------|--|-------|--|



Did you know that you can....

- File your claim online
 - Sign-up for direct deposit online
 - Update your account information online
- Visit us online at www.benstrat.com



Parking Reimbursement Expenses

Who is eligible

- Only employees

Examples of qualifying expenses

Expenses are for “qualified parking” as defined in Internal Revenue Code (“Code”) Section 132(f)- (9)(b). Under this definition, the parking must be located on or near employer’s business premises or on or near a location from which employee commutes to work, either by mass transit, commercial commuter highway vehicles, qualifying non-commercial vehicles such as bikes and motorcycles or car pool.

1. Single occupancy vehicles, such as bikes and motorcycles, qualify for parking reimbursement.
2. Expenses for parking on or near employee’s own residence or at *temporary* work locations are NOT eligible for reimbursement.

Please Note: The IRS determines the maximum allowable reimbursement annually. Please refer to Internal Revenue Code (“Code”) Section 132(f) for monthly plan maximums.

Please Note: You must submit claims for reimbursement within 180 days after you pay for a Qualified Transportation Expense

*If you have any additional questions regarding your plan please contact us by phone at (603) 647-4666 or (888) 401-FLEX (3539)
Visit us online at www.benstrat.com*