

Employer:

Request for Reimbursement QUALIFIED TRANSPORTATION PLAN

Please print or type.

Employee (Last Name, First Name, Middle Init.)

Email Address

Address

SEND COMPLETED CLAIM FORM TO:

Benefit Administration Company PH: (206) 625-1800
P.O. Box 550 PH: (800) 967-3709
Seattle, WA 98111-0550 FAX:(206) 682-8016

City State Zip

INSTRUCTIONS: Fill in the information below for Qualified Transportation expenses incurred by you. Each expense item must be accompanied by a receipt or bill or copy of your receipt or bill or your certification stating the DATE the expense applies to & the COST. Please keep a copy for your records. To be eligible for reimbursement, (1) a Qualified Transportation expense must have incurred, (2) must be for you, (3) must be for expenses during the Plan Year, and (4) you must have money in your account. **Note:** **Reimbursement rules for a Qualified Transportation Plan are different than for reimbursement under a Health Care Expense Reimbursement Plan or Dependent Care Assistance Plan. Reimbursement is based upon the expense being incurred for the month claimed rather than the services being performed.** Please staple documentation to the back of this claim form. Acceptable documentation is (1) Mass Transit, Van Pooling or Parking Expense receipt or bill, (2) used Transit Pass; or (3) if a receipt is not rendered in the ordinary course of business, your verification that the expense was incurred, such as a copy of a cancelled check, credit card receipt, a statement, or other proof, or your signature attesting to the expense.

FOR MASS TRANSIT & VAN POOLING:

Check the box(s) indicating which month(s) the expense was incurred for Mass Transit and/or Vanpooling. Claims are limited by statute to \$260 per month in 2018. A monthly expense exceeding the statutory limit **cannot** be carried over to another month or combined with other months. You may claim more than one month at a time, providing you have incurred the expense and have money in your account. The value of a Mass Transit claim is based upon the purchase price rather than the "face value" of a Mass Transit Pass. ***Receipts must be submitted within 180 days of when they occurred.**

EXPENSE FOR MONTH ↓		EXPENSE FOR MONTH ↓		EXPENSE FOR MONTH ↓		EXPENSE FOR MONTH ↓	
<input type="checkbox"/> JANUARY	\$	<input type="checkbox"/> APRIL	\$	<input type="checkbox"/> JULY	\$	<input type="checkbox"/> OCTOBER	\$
<input type="checkbox"/> FEBRUARY	\$	<input type="checkbox"/> MAY	\$	<input type="checkbox"/> AUGUST	\$	<input type="checkbox"/> NOVEMBER	\$
<input type="checkbox"/> MARCH	\$	<input type="checkbox"/> JUNE	\$	<input type="checkbox"/> SEPTEMBER	\$	<input type="checkbox"/> DECEMBER	\$
TOTAL AMOUNT OF THIS MASS TRANSIT/VAN POOLING CLAIM							\$

FOR QUALIFIED PARKING:

Check the box(s) indicating which month(s) the expense was incurred for Qualified Parking. A monthly expense exceeding the statutory limit **cannot** be carried over to another month or combined with other months. Claims are limited by statute to \$260 per month in 2018. You may claim more than one month at a time, providing you have incurred the expense and have money in your account. ***Receipts must be submitted within 180 days of when they occurred.**

EXPENSE FOR MONTH ↓		EXPENSE FOR MONTH ↓		EXPENSE FOR MONTH ↓		EXPENSE FOR MONTH ↓	
<input type="checkbox"/> JANUARY	\$	<input type="checkbox"/> APRIL	\$	<input type="checkbox"/> JULY	\$	<input type="checkbox"/> OCTOBER	\$
<input type="checkbox"/> FEBRUARY	\$	<input type="checkbox"/> MAY	\$	<input type="checkbox"/> AUGUST	\$	<input type="checkbox"/> NOVEMBER	\$
<input type="checkbox"/> MARCH	\$	<input type="checkbox"/> JUNE	\$	<input type="checkbox"/> SEPTEMBER	\$	<input type="checkbox"/> DECEMBER	\$
TOTAL AMOUNT OF THIS QUALIFIED PARKING CLAIM							\$

Certification by the Plan Participant: I certify that I am responsible for the validity of this claim, that I am not claiming the same expenses listed under any other plan, that the expenses have been incurred and that I have not and will not claim the listed expenses as an income tax deduction. **As to the Maximum Benefits:** My reimbursement may not exceed the statutory monthly limits for Mass Transit/Van Pooling and Qualified Parking. **As to Qualified Parking:** (1) The Qualified Parking expense is for parking on or near my Employer's business premises, or (2) at or near a location from which I commute to work by mass transit. **As to Mass Transit:** (1) The Mass Transit Pass that I purchased will be or has been used during the month(s) claimed.

NO RECEIPT: If a receipt is not rendered in the ordinary course of business and you cannot provide a cancelled check, credit card receipt, bill or other proof of the expense check the box attesting to the expense.

SIGNATURE: _____

DATE: _____