

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 x307  
P.O. Box 550 PH: (800) 967-3709  
Seattle, WA 98111-0550 FAX:(206) 682-8016  
Flexcs@baclink.com

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, 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 occurred, (2) must be for you, (3) must be for expenses during the Plan Year and within the last 180 days, 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 \$265 per month in 2019.** 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	\$
<b>TOTAL AMOUNT OF THIS MASS TRANSIT/VAN POOLING CLAIM</b>							\$

### 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 \$265 per month in 2019.** 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	\$
<b>TOTAL AMOUNT OF THIS QUALIFIED PARKING CLAIM</b>							\$

**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 or loaded 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:** \_\_\_\_\_