

Commuter Reimbursement Plan Instructions for Completing Your Claim Form

Transportation/Parking Claim Instructions

Complete the information on the attached reimbursement request form for Transportation Expenses incurred or paid by you. (For information as to what Transportation Expenses can and cannot be reimbursed, see the SPD available through your employer.) You must provide bills, invoices, statements from an independent third party, parking receipts, used transit passes or other evidence showing that the expenses were incurred or paid (canceled checks will not be accepted). Be sure to provide all information requested on the claim form. If the form is incomplete, your reimbursement request cannot be processed.

Submission Procedures

For your convenience, claims can be mailed or faxed. Whether mailing or faxing your claim please be sure to fax or enclose copies of appropriate bills, receipts or EOB's pertaining to that claim. Please be sure to sign and date each claim submitted. If you do not, your reimbursement request cannot be processed.

Mail Claims to:

Select Benefit Administrators
Flex Claims Department
PO Box 8339
Des Moines IA 50301-8339

Fax Claims to:

Select Benefit Administrators
Flex Claims Department
515-453-8210

Commuter Reimbursement Account Claim Form

Important: All areas except for "Official Use Only" must be completed in order to process your request.

Employers Name: _____ Employer's Phone Number: _____

Employee Name (Last, First, MI): _____ Employee Social Security #: _____ - _____ - _____

	Expense #1	Expense #2	Expense #3	Expense #4	Expense #5
Date Transportation Service Provided or Paid					
Type of Transportation Expense Transit or Parking					
Proof of Expense Attached? (Yes/No) If not, explain why proof not available in ordinary course of business					
Total Expense					
Reimbursement Requested					

Total Reimbursement Requested	
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To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I certify all of the following. I used the Transportation Benefit for which I am requesting reimbursement above only for purposes of commuting to and from work at the Employer. I have received the services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Transportation Expenses under the Plan. I have not been reimbursed previously for these expenses under the Plan. These expenses have not been reimbursed and are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit, or to claim reimbursement under another plan. I authorize a deduction in my Transportation Account in the amount of the reimbursement.

Employees Signature

Date

OFFICIAL USE ONLY	
Date Request Received: _____	Group ID: _____
Examiner ID#: _____	EE ID#: _____
Processing Code: _____	Date Processed: _____

Please send the completed claim form and appropriate statements to:



PO Box 8339 * Des Moines IA 50301-8339

Or

Fax to: 515-453-8210