Your Flexible Benefits Organization

TRANSPORTATION CLAIM FORM

Please submit this completed form along with all appropriate receipts by fax or mail to:

Please note you only need to send the information using one of the methods below.

Fax: (877) 303 – 0742	**Mail to: The 125Company, Inc.** **Flex Claims Group** **P.O. Box 2401** **Germantown, MD 20875**

Qualified Parking – Parking includes expenses that are on or near the employer's business premises or at a location from which the employee commutes to work.

Transit Passes – Transit includes expenses such as tokens, fare cards, passes, vouchers, etc., used for transportation on mass transit facilities or provided by any person in the business of transporting persons for compensation or hire in a highway vehicle carrying at least 6 adults (excluding driver).

Vanpooling – Vanpooling is transportation in a commuter highway vehicle provided by an employer for travel between the employee's home and place of employment. (Seating capacity greater than 6 adults and 3 or more commuting excluding driver, 80% mileage for to and from work only - carpools are not eligible)

Bicycle Commuting - Bicycle covers expenses related to regular bicycle use for a substantial portion of the travel between the employee's home and place of employment up to $20 per month in which the employee receives no other benefits under the Transportation Fringe Benefit Plan. These expenses include bicycle purchase, improvements, repairs and storage. ***Please review your Plan materials to determine if your employer offers this benefit.***

Employer Name:		
Employee Name:	**Social Security #:**	
Address:		
City:	**State:**	**Zip:**
Email:	**Phone #:**	

Transportation Claims – For claims that you are unable to obtain a receipt you MUST sign under Certification Signature. By signing each entry, you are certifying that you parked on the corresponding date, for the stated amount, for the purpose of commuting to and from work. You also certify that expenses shown below have not already been reimbursed under this plan or by any other source, and that they will not be reimbursed by any other source.

Type of Service (Parking or Transit)	From	To	Provider Name	Certification Signature	Amount
					$
					$
					$
					$
					$
					$
					$
					$
				Total Claims:	$

I certify that this form has been completed accurately. I certify that the eligible transportation expenses listed above have been incurred by me for the sole purpose of commuting to and from work. The expenses have not been reimbursed and I will not seek reimbursement elsewhere. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Signature:	**Date:**