



TRANSPORTATION REIMBURSEMENT FORM

Company: _____

Employee Name	Member ID #
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Home Address Check here if new address

Transit Expenses			
<ul style="list-style-type: none"> Complete this section for unreimbursed, qualified transit expenses. Attach receipt for each item listed. Receipt must be voucher, transit pass, or similar item purchased for transportation to and from work on a bus, subway, train or ferry. Van Pooling with a commuter highway vehicle must meet the following requirements: <ul style="list-style-type: none"> Must seat six or more adults not including the driver At least 80% of the mileage use is for the purpose of transporting employees between work/residence Carpooling expenses are not covered. Canceled checks are not sufficient as proof of an incurred expense. Reimbursement for expenses incurred in any one calendar month cannot exceed the maximum monthly amount specified by IRS Regulations. 	Date Incurred	Mass Transit Provider	Expense Amount
Total Amount Requested			

Parking Expenses			
<ul style="list-style-type: none"> Complete this section for unreimbursed, qualified parking expenses. Attach receipt for each item listed. Qualified parking expenses include the cost of parking your car at a facility located at or near your office location (e.g. parking garage or lot) or cost of parking at a facility located at or near a location from which you commute to work (e.g. Metro parking lot). Canceled checks are not sufficient as proof of an incurred expense. Reimbursement for expenses incurred in any one calendar month cannot exceed the maximum monthly amount specified by IRS Regulations. 	Date Incurred	Parking Provider	Expense Amount
Total Amount Requested			

Participant Statement	
<p>I certify that all expenses requested for reimbursement were actually incurred during a period while the employer employed me, and the expenses have not been and will not be reimbursed from any other source. I further certify that I incurred these expenses only for the sole purpose of commuting to and from work at my place of employment. I understand that I am fully responsible for the accuracy and validity of all information relating to this claim. In addition, I have not claimed more than the allowed maximum for qualified Mass Transit and Parking Expenses.</p>	
Participant signature	Date

<p>Please mail or fax claim forms to:</p> <p style="margin-left: 20px;">Group Benefit Services PO Box 4368 Lutherville, MD 21094 Fax: 410-321-8053</p>	<p>E-Mail: fsa@gsbio.net</p> <p>Phone: 1-800-337-4973 (Option 6, Option 2)</p> <p style="text-align: center;">****PLEASE DO NOT MAIL ORIGINALS****</p>
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