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PrimeFlex

Form # 6 – Mass Transit and Parking Expenses Reimbursement Claim Form

PLEASE COMPLETE THIS FORM AND FAX IT – ALONG WITH COPIES OF YOUR RECEIPTS – TO PRIMEFLEX AT 877-6FAX-FSA.

To be completed by employee

Employee Information (Please print clearly) PLEASE CHECK HERE IF THIS IS AN ADDRESS CHANGE

Name: (Last, First, Middle)	Social Security Number: - -	Date of Birth: / /
Street:	City:	State: Zip Code:
Employer:	Work Telephone Number: ()	
E-mail:	Home Telephone Number: ()	

Eligible Mass Transit and Parking Expenses To Be Reimbursed

Please only list out-of-pocket, qualified transit and parking expenses that are eligible for this plan (include the name and location of the parking facility if applicable). Attach copies of receipts (on a separate piece of paper) supporting each expense item listed below. 2009 monthly limits are: \$230 (\$120 max.: Jan-Feb '09) for Transit and \$230 for Parking Expenses

Description of Expense	Date Incurred	Amount of Claim
Total amount this claim		\$

READ CAREFULLY!

The undersigned participant in the plan certifies that he or she actually incurred all expenses for which reimbursement or payment is claimed. By submission of this form, the participant certifies that all expenses were incurred while the undersigned was covered under the Plan. The undersigned participant certifies that amounts claimed are not eligible for payment or reimbursement under any other plan or program. If applicable, the undersigned participant certifies that he or she has purchased the transit pass and has already used it or will personally use it during the month. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and validity of all information relating to this claim which is provided by the undersigned. The undersigned further understands that no transit and/or parking tax credit is permitted for amounts for which reimbursement is made.

Employee Signature: _____ Date: ____/____/____

Retain the original receipts and a copy of this form for your records. **For Tax Purposes** – Use only for expenses incurred in the same plan period for employee only.

Mail this form to: PrimeFlex Claims
1487 Dunwoody Drive
West Chester, PA 19380

PrimeFlex Customer Service: 877-7MY-FLEX / primeflex@primepay.com