

BENEFLEX Parking/Transportation Benefit Reimbursement Form

Please visit our website at <http://www.beneflexinc.com> for additional forms

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED \$, .

Participant's Signature _____
(REQUIRED)

Date ____ / ____ / ____

To the best of my knowledge and belief, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses and only for myself. I certify these expenses have not been reimbursed by any other entity and will not be claimed as an income tax deduction.

Participant Information

Name: Last First MI _____ Employer: _____
 SSN: - - E-Mail Address: _____
 Home Address: _____
Street Address City State Zip
 Daytime Phone: () _____ Check if this is a change in address

Ensure an Expedited Reimbursement

You may receive reimbursement of up to \$100 per month for transit passes and up to \$190 per month for parking for 2003. You must reduce your election by any amount of transportation subsidy provided directly by your employer.

Parking - You may receive reimbursement for parking at or near the work site or near a location from which you commute to work. Costs of parking at or near your residence are not reimbursable.

Transit Pass - Reimbursement is allowed for any pass, token, fare card voucher or similar item entitling a person to transportation on mass transit or provided by a person in the business of transporting people for compensation.

Commuter Highway Vehicle (aka Vanpool) Expenses - permits employees to pay their share of vanpool expenses for commuting to work.

Please attach documentation of expenses such as cancelled checks, billings, parking stubs, etc. Additionally, please identify what type of reimbursement is being requested.

Beginning Date of Service Ending Date of Service Type of Expense
 (Transit or Parking) Amount Requested
 / / / / \$, .

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Please mail or fax this completed form and documentation to 800-449-7501 or 615-831-9910