

Transportation and Parking Reimbursement Accounts Claim Form

Mail or Fax completed form and documentation to: PayFlex Systems USA, Inc. PO Box 4000 Richmond, KY 40476-4000 Fax: 1-888-238-3539 Page 1 of _____

For the hearing impaired, call 1-877-703-5572 TDD/TTY

To help avoid claim processing delays, you must sign, date and complete this form. WAIT! Did you know that you can file this claim online or by using the PayFlex Mobile® app? To get started, log in to the mobile app or your member website which may also be accessible via Aetna Navigator®.

Member Identification Number (Employer assigned number or W ID) Member Full Name (Last Name, First, MI) Member Address (Street, City, State, ZIP Code)

Note: If you have an address change, please notify your employer. For security purposes, we can only accept an address change from your employer.

Employer Name

Transportation (Mass Transit) & Parking Claims

You may submit your claim for reimbursement at the end of each month after the expense has been incurred. Attach a copy of the itemized bill from the provider (if available) showing the amount of your expenses. The itemized statement should include the provider name and address; date the service was provided; a description of the type of service provided; and the dollar amount. Note: You are only eligible for reimbursement up to the monthly limit as established by the IRS.

Claims are subject to strict filing deadlines, you must submit documentation showing that you have incurred the expense in the timeframe established by the plan. (Some exceptions may apply.) This can include used transit passes or vouchers; transit or parking tickets; and parking receipts. Note: You do not need documentation for the amount you pay for a parking meter. You can receive reimbursement with a completed and signed claim form. Also, there are times when the service provider does not provide a receipt. In that case, you can receive reimbursement with a completed and signed claim form.

Table with 2 columns: Eligible Expenses (Garage, Parking Lot, Commuter Lot, Metered Parking) and Ineligible Expenses (Parking Fines, Parking Tickets)

Table with 2 columns: Eligible Expenses (Subway, Commuter bus, Train, Vanpool) and Ineligible Expenses (Carpool, Gas, Mileage, Tolls, Fares (airplane, helicopter, limousine, taxi))

Complete all information below. The form must contain this information. Writing 'See attached' is not acceptable.

* Dates of service: List each calendar month separately.

Table for Parking Expenses with columns: Provider Name, Expense Type, From Date*, Thru Date*, Amount. Includes a Total row at the bottom.

Table for Transportation (Mass Transit) Expenses with columns: Provider Name, Expense Type, From Date*, Thru Date*, Amount. Includes a Total row at the bottom.

Note: If you need more lines, please complete another form.

I certify that I have incurred these eligible expenses. I understand that expenses for my spouse and dependents are not eligible. I understand that "incurred" means the service has been provided. This is not when I am billed or charged for, or pay for, the service. I have not received reimbursement for any of these expenses. I will not seek reimbursement elsewhere. If I receive reimbursement, I and (if married) my spouse will not claim these same expenses on our income tax return. I further certify that if copies of receipts have not been provided, the provider does not provide receipts. I have received and read the printed material for the plan. I agree with all of the terms and conditions of the plan. Any person who, knowingly and with intent to defraud, files a statement of claim containing any material false, incomplete or misleading information is guilty of a crime.

Member Signature Date

If you are mailing your claim, please keep a copy of this claim form and supporting documentation. We will not return these documents