

PARKING CLAIM FORM

A. ACCOUNT HOLDER INFORMATION -- COMPLETE FOR ALL CLAIMS (PLEASE PRINT CLEARLY)

| | | | | |
|--|---------|-----------------|--|------|
| EMPLOYER NAME: | | | This claim applies to the plan year ending on: | |
| EMPLOYEE NAME: | Last: | First: | Middle Initial: | |
| MAILING ADDRESS* | Street: | City: | State: | Zip: |
| Social Security Number or Employee ID: | | E-Mail Address: | | |

****REMINDER: As of January 1, 2019, Pre-Tax Parking Maximum Reimbursement per month is \$265.00.****
****To prevent any delays in processing your claim(s), Please request your claim(s) month by month.****

B. PARKING REIMBURSEMENT -- Please submit your claim(s) month by month.

| Date of Service (example: 01/01/19 to 01/31/19) From To | | Service Provider (Example: Clipper, Bart, Muni) | Amount of Claim |
|---|--|--|-----------------|
| | | | \$ |
| | | | \$ |
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| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Total Amount | | | \$ |

PARTICIPANT'S STATEMENT AND SIGNATURE (PLEASE READ CAREFULLY)

To the best of my knowledge and beliefs, my statements in this Reimbursement Request Form are complete and true. I certify that I have received the service described above on the dates indicated and that expenses qualify as valid expenses under the Plan and that I have not been previously reimbursed by this or any other plan nor do I expect any of these expenses to be reimbursed elsewhere. A copy or electronic facsimile of this form shall be deemed as valid as the original.

| | |
|------------------------------|------|
| Plan Participant's Signature | Date |
|------------------------------|------|

Mail, Fax, or Email all requests to:
 HR Simplified, Inc., 5320 West 23rd Street, Suite 350, Minneapolis, MN 55416
 Toll-Free Phone: (888) 318-7472 Toll-Free Fax: (877) 723-0146
 Email: FSA@HRSimplified.com



Need to be reimbursed faster? Sign up for FREE Direct Deposit. Forms can be found online in your Portal or Contact Customer Service at 888-318-7472 Monday-Thursday 7:00AM - 7:00PM (CST) and Friday 7:00AM - 5:00PM (CST).