

How to File

Form can be submitted by (1) e-mail, (2) fax or (3) mail.

To submit by e-mail, Print Form and sign. E-mail form along with receipts to flexdivision@flex-admin.com

To submit by fax, Print Form and fax to: 757-431-1155

To submit by mail, Print Form and mail to: Flexible Benefit Administrators, Inc.
P.O.Box. 8188, Virginia Beach, VA 23450

Please:

- Do not mail your claim if you fax it.
- Keep a copy of all claim forms and receipts for your records.
- Notify Flexible Benefit Administrators, Inc. if you have a change in address.

Employee Information

Employee's:

Print name

E-Mail address (For Notification of Processed Claims, Reimbursement & Account Status)

Social Security # or Employee ID:

Employer

Expenses

I hereby request reimbursement for the following expenses that I paid for Qualified Transportation Benefits:
Attached are receipts as evidence of my having incurred these expenses.

QUALIFIED PARKING (QPK) – GARAGE AND METER EXPENSES

DATE RANGE OF SERVICES From: To:

TYPE OF SERVICE - SELECT ALL THAT APPLY BELOW:

Parking Garage - Facility Name:

Metered Parking – Affidavit Below:

I hereby certify that I have incurred the expenses indicated above in the use of metered parking. If I am required to provide substantiation, then any additional burden of proof will remain my responsibility.

Employee Signature (Required):

TOTAL
Reimbursement
Request

\$
(REQUIRED)

MASS TRANSIT / VAN POOLING (MTV) – BUS, TROLLEY, FERRY, ETC...

DATE RANGE OF SERVICES From: To:

TYPE OF SERVICE - SELECT ALL THAT APPLY BELOW:

Mass Transit / Van Pooling - Provider Name:

Bus Fare Medium – Affidavit Below:

I hereby certify that I have incurred the expenses indicated above in an unsubmitable fare medium. If I am required to provide a receipt, then any additional burden of proof will remain my responsibility.

Employee Signature (Required):

TOTAL
Reimbursement
Request

\$
(REQUIRED)

As a participant of the Plan, I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while I was covered under my employer's Flexible Spending Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. I fully understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

Employee's Signature:

Date: