



**PROGRESSIVE BENEFIT SOLUTIONS, LLC**

**Request for Reimbursement  
TRANSPORTATION & PARKING CLAIM FORM (03-2014)**

Employer Name: \_\_\_\_\_

<b>Employee Name:</b>	Last	First	MI	SS#	
<b>Address:</b>	Street	City	State	ZIP	Phone: ( )

\_\_\_ Please check if this is a new address

\* Information below must be completed

**QUALIFIED TRANSPORTATION CLAIMS**  
*(Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim)  
 For Direct Deposit see attached instructions*

Date of Service From / To	Form of Transportation	Provider Name	Provider Address	Claim Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

**Total: \$**

**QUALIFIED PARKING CLAIMS**  
*(Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim)  
 For Direct Deposit see attached instructions*

Date of Service From / To	Form of Transportation	Provider Name	Provider Address	Claim Amount
				\$
				\$
				\$
				\$

**Total: \$**

**EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT**

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_

**FOR FASTEST REIMBURSEMENT, FAX TO 203-234-1139 –OR–**

**MAIL TO: PROGRESSIVE BENEFIT SOLUTIONS, LLC  
14 BUSINESS PARK DRIVE #8, BRANFORD, CT 06405**



## PROGRESSIVE BENEFIT SOLUTIONS, LLC

### Request for Reimbursement TRANSPORTATION & PARKING CLAIM FORM (10-2011)

#### Account Rules and Claim Filing Instructions

##### **Rules for Both Qualified Transportation & Parking Claims**

1. **Parking** included Automobile parking lots & garages
2. Expenses are limited to qualified parking at or near the work location or at a location from which a mass transit is used.
3. **Transit** includes Railroads, suburban & local commuter passenger expenses, including ferries, buses, car pool vans and other transportation services.
4. Expenses are limited to the employee expenses only, spousal expenses are not allowed.
5. All reimbursable expenses must be incurred and paid. IRS sets maximum monthly pre-tax deduction and spending and adjusts annually.
6. Provisions for recurring expense processing requires that an initial claim be submitted and substantiated manually after which subsequent transactions can be automatically substantiated.
7. You can be reimbursed only for eligible expenses occurring during the coverage period in which your contributions are made. You can submit a claim at any time during the plan year and for a specified period after the plan year as described in the Summary Plan Description.
8. If you terminate employment, you can submit a claim for a specified period after the date of termination if so stated in the Summary Plan Description as long as the service occurred before your date of termination.
9. IRS rules stipulate that any money left in your account(s) after all reimbursements for the plan year have been processed can be carried forward to subsequent plan years.
10. Money in one account can not be used for expenses incurred in another account. For instance, any unused amounts left in the transportation account can not be used to reimburse parking expenses.
11. You cannot receive payment from any other source for expenses reimbursed by claim, and you certify that you are not eligible to bill any other source for the reimbursed expenses.
12. You cannot bill for a service period that begins in one plan year and ends in the next plan year. File two reimbursement claims, one for each plan year covering the period during that plan year.
13. Complete ALL the information on the claim form for each amount claimed for reimbursement.
14. Attach copies of receipts from transportation and/or parking expenses to the claim.
15. Sign and date the claim.
16. Make a photocopy of the claim for your records.
17. Submit the Claim with attached receipts to Progressive Benefit Solutions, LLC by **mail, fax, or on-line** through *PBS On-Line* by accessing [www.pbscard.com](http://www.pbscard.com). Additional Claim Forms are available on the PBS website [www.pbscard.com](http://www.pbscard.com), or from your employer.

##### **For Direct Deposit**

1. If you **have not** signed up for Direct Deposit, you can input your **Direct Deposit** information through *PBS On-Line* by accessing [www.pbscard.com](http://www.pbscard.com) to have your claim payment deposited directly into your Checking or Savings account (be sure to check one) within 2 business days from the processing of your claim.

Internal Revenue Service Publication 502 lists the eligible tax-free expenses. An Eligible expense means any item for which you could have claimed a medical expense deduction on an itemized Federal income tax return (except insurance premiums, long-term care and other similar charges) and is not eligible under your medical or any other source. You or your dependents while participating in the plan must incur the expenses.