



FLEXIBLE SPENDING ACCOUNT MASS TRANSIT & PARKING EXPENSE CLAIM FORM

FAX TO: 303-221-2785

IT IS NOT NECESSARY TO INCLUDE A COVER SHEET

PLAN & EMPLOYEE INFORMATION

Check here if you have an address or name change

FIRST NAME: _____ LAST NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ E-MAIL: _____ DATE OF BIRTH: ____/____/____

EMPLOYER NAME: _____ PLAN YEAR: _____

EXPENSES

*****PLEASE DO NOT INCLUDE PBS BENEFITS CARD TRANSACTIONS ON THIS FORM*****

*****PLEASE DO NOT HIGHLIGHT ITEMS ON THIS FORM IF YOU WILL BE FAXING*****

MASS TRANSIT*

SERVICE START DATE	SERVICE END DATE	SERVICE PROVIDER	AMOUNT

*Per IRS section 132(f) the 2008 maximum monthly benefit is \$115 for Mass Transit

TOTAL MASS TRANSIT EXPENSES

PARKING*

SERVICE START DATE	SERVICE END DATE	SERVICE PROVIDER	AMOUNT

*Per IRS section 132(f) the 2008 maximum monthly benefit is \$220 for Parking

TOTAL PARKING EXPENSES

REIMBURSEMENT INFORMATION²

Please pay this claim by Direct Deposit to my specified account already on file with PBS.

Please issue a check for this claim.

Please pay this claim by Direct Deposit using the new information provided below.

*If you do not select a box above, your reimbursement will be processed in the manner we have on file.

I hereby authorize Planned Benefit Systems, Inc. to initiate credit entries for my Flexible Spending Account reimbursements into my account designated below and, if necessary, make corrections for any entries made to my account in error. This authority is to remain in full force and effect until Planned Benefit Systems, Inc. has received written notification from me of its termination in such time and in such manner as to afford Planned Benefit Systems, Inc. a reasonable opportunity to act on it.

ACCOUNT NUMBER: _____ ROUTING NUMBER: _____ Must be 9 digits

BANK NAME: _____ CHECKING ACCOUNT SAVINGS ACCOUNT

EMPLOYEE AUTHORIZATION

To the best of my knowledge and belief, the expenses listed above are accurate, complete and are eligible for reimbursement under the Plan. I certify that these expenses will not be claimed again when filing IRS form 1040. I certify that these expenses were work related and incurred for myself. I certify that these parking and mass transit expenses have not been reimbursed and are not reimbursable under any other coverage or employer plans. I certify that I have acquired and retained a provider receipt where possible for the claims above. I certify that if my employer incurs a liability for failure to withhold Federal, State or local, or Social Security Taxes on one or more of my payments or reimbursements that are not Qualified Expenses, I will indemnify and reimburse the employer that liability on demand.

PLANNED BENEFIT SYSTEMS CANNOT PROCESS THIS CLAIM WITHOUT A SIGNATURE BELOW

SIGNATURE: _____ DATE: _____

Planned Benefit Systems, Inc. • www.cci-pbs.com
P.O. Box 4594, Greenwood Village, CO 80155-4594
Customer Service 800-800-0133
Fax 303-221-2785

HOW TO FILE YOUR CLAIM

COMPLETE AND SIGN YOUR CLAIM FORM AND REMIT TO PBS IN ONE OF THE FOLLOWING WAYS:

FAX: 303-221-2785

MAIL: PLANNED BENEFIT SYSTEMS, INC.
P.O. BOX 4594
GREENWOOD VILLAGE, CO 80155-4594

EMAIL: pbsclaims@cci-pbs.com

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.

THINGS TO REMEMBER ABOUT MASS TRANSIT & PARKING CLAIMS

You are responsible for acquiring and retaining a provider receipt. If possible, receipts should have the following information:

- ✓ Name of Service Provider
- ✓ Address of Service Provider
- ✓ Date of Service(s)
- ✓ Cost of Service
- ✓ Description of Service

Only YOUR work related parking and mass transit expenses are reimbursable. Submit claims as you pay for services.

The following expenses ARE NOT reimbursable:

- ✓ Non Work-Related Expenses
- ✓ Expenses Reimbursed By Your Employer
- ✓ Carpooling Costs
- ✓ Bridge and Toll Roads
- ✓ Expenses For Your Spouse and/or Dependents

¹ **Email:** By providing your email address you agree to receive Employee Benefit Plan correspondence electronically. Planned Benefit Systems, Inc. does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@cci-pbs.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the PBS, Inc. Customer Service Department or by visiting our website at www.cci-pbs.com. Select *Planned Benefit Systems*, then *Account Information* under the Participants section and then log in under Employee and Cardholder Login. PBS, Inc. reserves the right to utilize an email address that may be provided to us by your employer.

² **Reimbursement Information:** The initial direct deposit may take up to 10 days to process. Subsequent direct deposits normally take 2 business days from date of initiation. Bank holidays/weekends may affect when the deposit is credited to your account. Please contact your bank to verify all deposits are received. There will be a \$25 fee to reissue lost/stolen checks.

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