

Parking/Transit Reimbursement Claim Form



Employer Name:		Plan Year: 01/01/2013 – 12/31/2013
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Employee Information

Last Name	First Name	Soc. Sec. # or employer id		
Street 1				
Street 2		City	State	Zip Code
Work Phone	Home Phone	E-mail		

Claim Information

Parking Fee Request These services MUST have been incurred during the current plan year as shown on the top of this form.	Date And Type Of Services Incurred And Cost				
		Date	Type	For the Month(s) Of	Cost
	1.				\$
	2.				\$
	3.				\$
	4.				\$
	5.				\$
(Monthly Parking Maximum \$240.00)				TOTAL	\$

Mass Transit Fee Request These services MUST have been incurred during the current plan year as shown on the top of this form. You MUST attach a copy of the Mass Transit Bill, Ferry Pass Bill, or Van Pooling receipt. Receipt must provide the type of service, date(s) of service, and the cost. Use additional sheets if necessary.	Mass Transit/Van Pooling Information and Cost				
		Dates	Mass Transit Agent	For the Month(s) Of	Cost
	1.				\$
	2.				\$
	3.				\$
	4.				\$
	5.				\$
(Monthly Transit Passes/Van Pooling Maximum \$240.00)				TOTAL	\$

Signature

I request payment from my Transportation Reimbursement Account for the expenses listed. To the best of my knowledge and belief, my statements in this reimbursement request are complete and true. I am claiming reimbursement only for eligible expenses incurred during the plan year. I certify that these expenses have not and will not be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. I authorize my Transportation Reimbursement Account to reimburse me by the amount requested.

Participant's Signature	Date
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Send completed claim form and all documentation to: CieloStar Attn: Flexible Spending Dept. 730 2 nd Avenue South, Suite 530 Minneapolis, MN 55402	Fax or email claims to: (877) 491-6016 (Toll Free) (612) 335-9217 (Local) flex@cielostar.com
For questions regarding your account or claim status, contact:	(877) 491-5979 flex@cielostar.com