



Flexible Spending Accounts
Phone: 1-877-747-4141
Fax: 1-866-593-7125

Reimbursement Request - Claim Form

Personal Information: (Please Print)

Employer's Name	Date of Reimbursement Request
Employee's Name	Email Address
Employee's Social Security Number	Daytime Telephone Number

Parking & Transit Expenses

Account (Parking or Transit)	Date of Service (From)	Date of Service (To)	Receipt? (Y/N)	Provider Name	Reimbursement Requested
1)					\$
2)					\$
3)					\$
4)					\$
5)					\$
Total					\$

Employee Certification for Reimbursement Request

I hereby certify that:

- * The expenses listed above were incurred by me during the time period that I was covered under my employer's parking and transit plan.
- * I have not received, nor will I seek reimbursement for the expenses listed above from any other plan, including through the use of my Continuon Services Master Card®.
- * The above listed expenses are not eligible for reimbursement under any other plan.

I also understand that:

- Reimbursement is not a guarantee that this payment is tax free;

Employee Signature

Date

To expedite your reimbursement request, please complete all information completely and provide supporting documentation.

If you have questions, please contact us at: 1-877-747-4141.

Submit to: Continuon Services, LLC

or

Fax to: 1-866-593-7125

Attn: Flexible Spending Account Administration

P. O. Box 1379

Roswell, GA 30077-1379

TARF-10/10/2010