

PIOPAC FIDELITY

THIRD PARTY ADMINISTRATION

"Security, Integrity, Trust"

Request for Reimbursement Qualified Transportation Expenses

Employer: _____

Employee name (Please type or print): _____ Social Security #: _____

Employee address: _____ City _____ State _____ Zip _____ Daytime Phone: _____

PLEASE CHECK IF THIS IS A NEW ADDRESS

LIST EACH RECEIPT SEPARATELY

Person for Whom Expenses were Incurred (A)	Name and Address (including city and state) of Parking Facility or Mass Transit Authority (B)	Dates Service Provided (C)	Requested Amount of Reimbursement (D)	PIOPAC Use Only

Please attach a receipt or itemized bill listing (A), (B), (C) and (D) or have provider certify below. Cancelled checks or bills showing a payment or previous balance only are not acceptable.

Provider's Certification/Verification

I certify that the employee named above incurred the above-described Parking and/or Mass Transit expenses.

Business/Provider Signature _____ Address _____ Date _____

HOW TO FILE A REQUEST FOR REIMBURSEMENT

1. Complete, date and sign this form. Failure to complete all areas can result in a delay in processing and claim reimbursement.
2. Attach third party receipts or bills showing items A, B, C and D. A receipt will be required to process your claim unless receipts are not provided in the ordinary course of business. **Expenses should be substantiated within 180 days after expense is paid as required by IRS. Receipts for dates of service beyond 180 days will be denied without a brief explanation of why claim is being substantiated after 180 days.**

Reason: _____

3. The provider (Parking Facility or Mass Transit Authority) may certify these expenses by signing the provider's certification.

QUALIFIED TRANSPORTATION EXPENSES

To qualify for reimbursement, parking expenses must be incurred for parking at or near the business premises of your employer and be less than your election for the coverage period (and the applicable statutory limit of \$255 per month). Parking expenses also qualify for reimbursement if incurred for parking at or near a location from which you commute to work by mass transit (subway, bus, etc.), van-pooling, in a commuter highway vehicle, or by carpool. It does not include parking at or near an employee's residence.

Reimbursement of mass transit expenses will be allowable only if your employer determines that the administrative costs (imposed by the mass transit authority) associated with purchasing and distributing mass transit passes exceeds 1% of the value of such benefits. The expenses must also be less than your election for the coverage period and the applicable statutory limit (\$255 per month).

I request reimbursement and certify that these are eligible Transportation Expenses.

Date: _____ Employee Signature: _____

FAX completed Request for Reimbursement forms to (808) 536-0430, Email to FSAClaims@piopac.com or MAIL to:

PIOPAC Fidelity
FSA Claims Dept.
1164 Bishop Street Suite 1200
Honolulu, HI 96813

Phone - (808) 792-5226 • Fax - (808) 536-0430