



Reimbursement Claim Form Parking and Transportation

Fax, Mail, or Email your claim form with substantiation:

Compensation Consultants, Ltd.
P.O. Box 720
Cloquet, MN 55720

Fax: 218-879-9684
Email: claims@ccflex.com

Employer Name:

Employee Name:

Social Security Number:

GUIDELINES FOR TRANSPORTATION REIMBURSEMENT

- This program covers qualified expenses of the employee only.
- Payments are limited to the cash balance in your account on that distribution date. If an eligible transportation expense cannot be paid in full because the expense exceeds the account balance, reimbursement for the unpaid portion of the monthly expense will be made on next reimbursement if, and only if additional payroll funds are contributed for the month the claim incurred and the expense does not exceed the IRS limit.
- The maximum transportation expense allowance for any given month is limited to the smaller of your monthly transportation contribution, an account balance or the IRS statutory limitation of \$130.00 per month.
- Parking or transit passes purchased through pre-tax payroll deduction are not eligible for cash reimbursement.
- Qualified Parking Expenses include parking expenses for the employee's vehicle while parked at or near the business premises or near a location from which the employee commutes to work. It does not include parking for a spouse, dependent or parking expenses at or near the employee's home, a client's office or a temporary business location.
- Qualified Transit Expenses include mass transit passes, vouchers, etc. for commuting to work via mass transit, or vanpooling. Vanpooling means transportation between the employee's residence and place of employment in a "commuter highway vehicle."

Parking/Transportation Expense Claims

Date Expense Incurred (mm/dd/yy)	Name of Parking/Transit Facility	Type of Expense	Net Amount
Attach appropriate substantiation and submit this claim form			Total Premium Expense Claim

Read Carefully: I certify while an employee of the above named Employer, I incurred these transportation expense(s). I understand I am fully responsible for providing accurate documentation. If I submit an expense not allowed under this program, I may be liable for payment of all related taxes including federal, state or local income tax on amounts paid from the Plan which relate to the expense in accordance with IRS regulation.

Employee Signature:

Date: