

PARKING & TRANSPORTATION REQUEST FOR REIMBURSEMENT

Fax Claims to: (410) 414-8432

Email: questions@careflex.com

Phone: (888) 577-2762

CareFlex Benefit Solutions

205 West Dares Beach Road

Prince Frederick, MD 20678

Employee Information

Participant Name: _____ Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Check if new address

Email Address: _____ Day Phone Number: _____

IMPORTANT INFORMATION...

- ➔ Failure to complete all sections of the form can result in a delay in processing your reimbursement.
- ➔ All expenses must be itemized – list the date of service (not the payment date), provider name and amount of each expense. Please use additional sheets if necessary. Do **NOT** indicate 'See Attached' or 'Various' in any field.
- ➔ Attach appropriate receipts (i.e.: invoice, statement, etc.) in the order you have them listed below.
- ➔ Invoice, statement, etc. must show the name of provider, date of service and amount.
- ➔ If faxing, do **NOT** highlight any information on the form, invoice, statement, etc.
- ➔ Please keep the originals for your records.

PLEASE DO NOT...

- ➔ Please do not send in credit card receipts or cancelled checks – these are **NOT** acceptable as proof of services rendered.
- ➔ Please do not send in a receipt listing 'Balance Due' or 'Balance Forward'.

Parking Account (\$230.00 maximum per month)

Date of Service	Name of Service Provider	Amount
TOTAL PARKING EXPENSES:		

Transportation Account (\$230.00 maximum per month)

Date of Service	Name of Service Provider	Amount
TOTAL TRANSPORTATION EXPENSES:		

Claim Information and Signature

PLEASE READ CAREFULLY: I certify that the expenses listed above have been incurred by me during the current plan year and while I was a participant in the plan. I understand that I am responsible for the sufficiency, accuracy, and veracity of the information related to this expense. I declare that I will not deduct any of the reimbursed expenses listed above from my federal, state or local tax returns. To the best of my knowledge all expenses are eligible under the plan. I understand I may be liable for payment of all related taxes including federal and state income tax on amounts paid from the Plan which relate to an ineligible expense.

Total amount of this claim requested: \$ _____ Number of pages sent (do NOT fax a cover sheet): _____

Participant Signature: _____ Date: _____

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CLAIM FILING INSTRUCTIONS

For specific information on the products and services that are eligible under your plan, please refer to your plan documents or contact your Plan Administrator or Employer for information.

Who can file a Claim for Reimbursement?

- Only the employee participating in the employer sponsored benefit plan can file a claim for reimbursement.
- Employees can file a claim during the current plan year and prior to the end of the run-out period for expenses incurred during the plan year.
- Terminated employees have until the end of the run-out period to submit eligible expenses incurred while employed.

What expenses can be claimed?

- Only expenses for the employee and the employee's dependents (if eligible) incurred during the plan year can be claimed for reimbursement.
- Terminated employees can claim expenses for themselves and their dependents (if eligible) incurred prior to termination and within the plan year.
- Sources to determine eligible expenses are available through the IRS website and your employer plan documents.

Completion of the Reimbursement Request form:

- Complete **all** information on the form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than one plan year. Use different forms for different plan years.
- You **must** sign and date the form.
- Attach itemized receipts or the Explanation of Benefits to support claimed expenses. Please keep a duplicate copy of all records submitted for future reference.

Note: Cancelled checks, credit card receipts, and/or cash register receipts that are not itemized are not acceptable. You must provide an itemized billing statement which includes the name and address of the provider of service, the name of the patient, the beginning and ending date of service, a detailed description of the service, and the charge for each service.

Reimbursement Procedure:

- Completed Reimbursement Request forms should be faxed, emailed or mailed to:

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- Claims will be paid out based on the schedule determined by the employer.

How to Request Changes in Plan Participation:

- Revocation of participation in the Plan can only occur if you have a change in family status or termination of employment. Change of family status includes birth, death, marriage, divorce, or change of employment by spouse. Contact your employer with all changes.