plansource

Flexible Spending Arrangement
Mass Transit & Parking Expense Claim Form

Employer:	**Social Security No:**
Employee Name:	**Date of Birth:**
Home Address:	**City/State/Zip:**
Work Phone:	**Email:***
Change of Address ☐	

** All plan communication pertaining to your account activity is provided solely via email and the https://plansource.wealthcareportal.com/Page/Home website. It is important to notify PlanSource if you change your email address.*

1. Mass Transit Expenses (Copies of cancelled checks, billings, etc. are valid receipts for documentation when available)

Service Date(s)	Name of Service Provider	Expense Description	Amount
TOTAL MASS TRANSIT EXPENSES			

1. Parking Expenses (Copies of cancelled checks, billings, parking stubs, etc. are valid receipts for documentation when available)

Service Date(s)	Name of Service Provider	Expense Description	Amount
TOTAL PARKING EXPENSES			

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employer's transportation/parking program with respect to such expenses and that these expenses have not been reimbursed or are not reimbursable under any other transportation/ parking reimbursement plan. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes on amounts paid from the Plan which relate to such expense.

Employee Signature _____ Date _____

Visit https://plansource.wealthcareportal.com/Page/Home or call us at 888.266.1732 to check on the status of your claim.

Fax completed forms and copies of bills, receipts or invoices to:

Fax: 877.767.8804

For Office Use Only:
Amount Approved: *Amount Rejected:* *Reviewed by:*