

_____	_____	_____
Last Name, First Name, MI (Please Print)	Employer	Social Security Number or Employee ID (EID) as appropriate
_____	_____	Check if NEW ADDRESS
Street Address	City, State, Zip	

**Claim Information**

You must submit independent, 3rd party documentation of your expenses with this claim form (receipt showing service dates & fees paid)

Van-Pooling is transportation between work and an employee's residence, but only if in a "commuter highway vehicle." A commuter highway vehicle is a highway vehicle with a seating capacity of six or more adults (not including the driver), and at least 80% of the mileage use of which can reasonably be expected to be for purposes of transportation of employees between work and residence.

Transit Pass means any pass, token, fare card, voucher or similar item that entitles the employee to transportation, provided that such transportation is on mass transit facilities or in the type of highway vehicle eligible for use in van-pooling.

Qualified Mass Transit Provider	For the Month of	Claim Amount
<b>TOTAL</b>		

Check if you have tried to obtain a receipt but the service provider does not supply receipts.

**Reimbursement Guidelines**

- The reimbursement request expense must be an IRS eligible expense and incurred during the plan year.
- The reimbursement request must not have been previously reimbursed nor are you seeking reimbursement from any other source.
- Attach a copy of your receipt showing an eligible expense under your Pre-Tax Commuter Benefit plan.
- Information provided **must** include the following:
  - Name of Mass Transit Authority
  - Date of purchase
  - Dollar amount of purchase
- Generally, reimbursement requests will not be considered for reimbursement later than 180 days from the end of the month the services occurred. For specific guidance, please contact your Employer.

I hereby certify that the dates and services are true and that the claimed expenses have been incurred in connection with work-related parking. I request reimbursement for my Pre-Tax Commuter Benefit plan expenses as itemized above. Attached are receipts that provide: date of purchase, vendor name, and fee charged. These expenses are not eligible for reimbursement from any other source. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and that they cannot be claimed as credits or expenses on my personal income tax return. I have retained copies of receipts and documentation attached with this request. I understand that materials submitted will not be returned to me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

The Taben Group  
C/O Surency Life & Health  
PO Box 789773  
Wichita, KS 67278-9773

Submit Form to The Taben Group C/O Surency Life & Health  
**ALONG WITH SUPPORTING DOCUMENTATION**  
Fax 316-462-3392 \*No Cover Page Required\*  
Page 1 of \_\_\_\_  
**Online claims submission @ flexsupport@taben.com**

