

2014 Transit & Parking Claim Form



Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting receipts, vouchers, bills, etc.
- All receipts must detail each of the items summarized below
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Minimum Total Reimbursement = \$25
- Please allow 2 business days for claims to be processed

For Account Balance:
Go to www.participant.nbsbenefits.com
or call (855) 399-3035

1 Personal Information

Employee Name _____	Company Name _____
Street Address, City, State, Zip _____	<input type="checkbox"/> No <input type="checkbox"/> Yes Address Change?
Phone Number _____	Social Security Number _____

2 Parking Expenses

Date of Service			Service Provider	Amount
MM	DD	YY		
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
Maximum Allowable Expense - \$250 per month (2014 Limit)				Total Parking Expenses _____

3 Transit Expenses

Date of Service			Service Provider	Amount
MM	DD	YY		
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
Maximum Allowable Expense - \$130 per month (2014 Limit)				Total Transit Expenses _____

4 Employee Signature

** I certify that I incurred the above listed transit/parking expenses and no receipt was provided in the ordinary course of business for this service.

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I certify these expenses are for valid services provided on the dates indicated. If any of my claims is for reimbursement of parking expenditures, I certify that I personally incurred such expense at a facility that is at or near the employer's business premises and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature _____	Date _____
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Please fax, mail, or email your claim form and receipts to the following:
Mail: National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084
Fax: (844) 438-1496
Email: service@nbsbenefits.com (PDF, TIFF, or JPG files only)