

ATTN: FSA Department
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Irvine, CA 92616
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E-mail: fsa@proviewbenefits.com
www.proviewbenefits.com/login/

INSTRUCTIONS:

- **Complete ALL SECTIONS** of this form to ensure timely payment.
- You may submit the following documentation with your reimbursement request:
 - Receipts or transit passes (if submitting copies of passes, please provide copies of front and back portion of the receipt).
 - The date(s) the service was rendered
- You may send claims via any one of the following options: fax, e-mail, postal mail, or by logging onto your account at www.proviewbenefits.com/login/. If faxing your claim, please indicate the number of pages included. Faxed claims must be legible for processing. **# OF FAXED PAGES = _____**. If sending claims via e-mail, note that there is a 3MB size limit to e-mail attachments.

PART A: YOUR INFORMATION

EMPLOYER NAME			
EMPLOYEE NAME (First, Middle, Last)			SOCIAL SECURITY NUMBER (optional)
STREET ADDRESS		CITY	STATE ZIP
<input type="checkbox"/> NEW ADDRESS			
DAYTIME PHONE NUMBER (with area code) () -	EVENING PHONE NUMBER (with area code) () -	E-MAIL ADDRESS	

PART B: TRANSIT REIMBURSEMENT REQUEST

NAME OF PROVIDER OF TRANSIT SERVICE(S)	DATE OF SERVICE	AMOUNT (MONTHLY)
	DAY: MONTH: YEAR:	\$
	DAY: MONTH: YEAR:	\$
TOTAL		\$

PART C: QUALIFIED PARKING REIMBURSEMENT REQUEST

NAME OF PROVIDER OF QUALIFIED PARKING SERVICE(S)	DATE OF SERVICE	AMOUNT (MONTHLY)
	DAY: MONTH: YEAR:	\$
	DAY: MONTH: YEAR:	\$
TOTAL		\$

Claims **MUST** be received by 12 Noon (PST) Wednesday to be considered for reimbursement on Friday.

PART D: EMPLOYEE STATEMENT

I certify that I have not been previously reimbursed for these expenses and that each expense listed above was for an eligible service provided during the indicated month and was for QUALIFIED TRANSPORTATION OR PARKING. I am requesting reimbursement for my Qualified Transportation or Parking Expenses as itemized above. I understand that these expenses must qualify for reimbursement under IRS Code Section 132(f).

Participant Signature

Date