P   PARKING Reimbursement Request

PLEASE PRINT CLEARLY   **CROSBY BENEFIT SYSTEMS**

Employee Information	Employee Name _____
To update your address or email, please login to MyCrosbyBenefits.com	_____Last_____First_____MI_____
Please also notify employer of any address changes.	Employer _____

SSN / Employee ID _____

Please enter your SSN or Employee ID. Many employers use an ID other than SSN with Crosby Benefit Systems. If you are unsure which number to use, please contact us or your HR/Benefits department. If you do not enter an SSN/Employee ID, Crosby will attempt to identify you based on other information but this could delay or prevent processing of your request.

Home Address _____
_____Street_____City_____State_____Zip_____
Email Address _____

Home Phone (_____)_____ Work Phone (_____)_____
_____area code_____area code_____ext._____

Expenses

Please list all parking expenses eligible for payment from your Parking Reimbursement Account. For expenses where a receipt was not available to you: **Please certify the expense by initialing the space next to each amount listed below.**

Please note: The maximum monthly allowable reimbursement for parking is $250 *per month.*

*The *Date of Service* is the actual date you parked, which may be different from the day you paid for the service.

**For expenses where a receipt was not available to you: To the right, please certify the expense by initialing the space next to the amount.

PARKING Date of Service*	Amount	Initial**	**PARKING** Date of Service*	Amount	Initial**
_____	$_____	____	_____	$_____	____
_____	$_____	____	_____	$_____	____
_____	$_____	____	_____	$_____	____
_____	$_____	____	_____	$_____	____
_____	$_____	____	_____	$_____	____
_____	$_____	____	_____	$_____	____
_____	$_____	____	_____	$_____	____
_____	$_____	____	_____	$_____	____

TOTAL EXPENSES $_____

If available, submit receipts, canceled checks, statements or copies of punch cards, etc. with this form, showing the service, by whom, the amount charged and the date. **Retain a copy for your records**.

Employee Certification

I agree to hold my employer harmless if the Internal Revenue Service or any other tax agency challenges the nature of the payments made under the program and agree to pay any taxes, interest and penalties that may be assessed concerning such payments. I will reimburse my employer for my portion of any additional taxes that may be owed on my behalf should the Internal Revenue Service or any other tax agency successfully challenges the characterization of the payments under the program. I hereby acknowledge that my employer has made no representations or warranties to me whatsoever that the program will be qualified for tax purposes or that I will receive the tax benefits I am seeking. I agree to abide by all of the terms and conditions of the Program.

Please SIGN

Employee Signature _____ **Date** _____

IMPORTANT INFORMATION

Parking Eligible Expenses

1. Expenses are for "qualified parking" as defined in Internal Revenue Code ("Code") Section 132(f)(5)(C). Under this definition, the parking must be located:

   - on or near employer's business premises ***OR***

   - on or near a location from which employee commutes to work, either by mass transit, commercial commuter highway vehicle, qualifying non-commercial commuter highway vehicle, or car pool.

2. Single occupancy vehicles, such as bikes and motorcycles, qualify for parking reimbursement.

3. Expenses for parking on or near employee's own residence or at *temporary* work locations are NOT eligible for reimbursement.

4. The maximum allowable reimbursement is $250 per month.

Submission of Reimbursement Requests

Fax (preferred), email or mail reimbursement requests. If your reimbursement request is denied, written notification will be mailed to you or emailed if you have selected electronic communications delivery. You may resubmit expenses with proper documentation, if applicable.

Please Note

Expenses incurred before participation began or after participation has terminated will not be reimbursed.

Reimbursement requests must be submitted within 180 days from the date of service. Expenses are to be submitted to Crosby Benefit Systems, using the Parking Reimbursement Request Form. Please contact your Human Resources Department or Crosby Benefit Systems for more information.

CROSBY
Benefits People
a division of WageWorks

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