

## How To File a Parking Commuter Benefits Claim

To complete a Parking reimbursement request (a claim), you must submit a *Parking Commuter Benefits Claim Form* along with the receipts that clearly show an eligible expense was incurred. To complete a reimbursement request, you should:

1. Complete a *Parking Commuter Benefits Claim Form*
2. Attach itemized receipt(s), if available<sup>(a)</sup>
3. Submit the form and receipt(s) to ADP



<sup>(a)</sup> Some vendors or merchants may not provide receipts as a normal course of business. Please see Page 2 of these instructions for additional information on receipt availability and reimbursement.

The *Claim Form* must be completed entirely, dated and signed. The receipt must state the vendor name, vendor contact information, purchase date, a description of the expense and the expense amount. A credit card receipt or canceled check is not adequate documentation. Credit card receipts often do not list the individual items purchased along with a description of the item. This is why you must save your purchase receipts.

You may submit up to four (4) purchases on a single Parking Commuter Benefits Claim Form, using a separate line for each purchase. Please fax (fastest process) OR mail the documents, but please **DO NOT DO BOTH**. Be sure to keep a copy of your claim.

**Place the documents in this order: Parking Commuter Benefits Claim Form first, then the supporting documentation. Please do not return the instruction pages with your Form and receipts.**

**Fax to: 866-392-4090 (toll-free) or 678-762-5900**

OR

Mail to: ADP Claims Processing, P.O. Box 1853, Alpharetta, GA 30023-1853.

### Good Receipt

|                     |  |                      |
|---------------------|--|----------------------|
|                     | City Center Parking<br>125 Main Street<br>Smallville, CA 12345<br>(999) 555-1313 | ← Vendor Information |
| Date                | DATE: 01-31-2002 TIME: 05:43PM   |                      |
| Expense Description | Monthly Parking Fees<br>Unassigned - January 2002: \$135.00                      | ← Amount             |
|                     | Amount Tendered: \$150.00  |                      |
|                     | Change Provided: \$ 15.00  |                      |
|                     | THANK YOU FOR CHOOSING CITY CENTER PARKING                                       |                      |
|                     | DRIVE SAFELY!  |                      |

### Receipt Missing Information

|  |   |                                     |
|--|---|-------------------------------------|
|  | City Center Parking<br>125 Main Street<br>Smallville, CA 12345<br>(999) 555-1313                                |                                     |
|  | DATE: 01-08-2001 TIME: 05:43PM  |                                     |
|  | ITEM: 0041 VIS SALE<br>ACCT: XXXXXXXXXXXX9876<br>AUTH: 9898   | ← no description of items purchased |
|  | TOTAL: \$75.00  |                                     |
|  | I AGREE TO PAY THE ABOVE AMOUNT<br>ACCORDING TO CARD ISSUER AGREEMENT<br>(MERCHANT AGREEMENT IF CREDIT VOUCHER) |                                     |
|  | x _____   |                                     |

## Why Providing Documentation Is Important

The IRS has provided strict requirements stating that expenses reimbursed through pre-tax Commuter Benefits Accounts must be substantiated using itemized receipts, billing statements or provider acknowledgements. All supporting documentation must reflect the provider name, provider contact information, purchase date, a description of the expense and the expense amount. If your claim is declined for improper documentation, or if the expense is deemed as ineligible, you will be notified by ADP via U.S. Mail Service.

## Receipt Requirements and Availability

IRS regulations specifically state that Commuter Benefits expenses must be substantiated with valid purchase receipts whenever possible. However, there are circumstances where receipts for these types of expenses cannot be obtained or providers who do not offer receipts in the normal course of their business practices. For example, some independent parking providers may not offer receipts. For this reason, it is very important that you indicate whether or not a receipt is available for verification. In situations where no receipt can be obtained, your signature on the Certification serves as authorization that the expenses are valid and eligible under both IRS regulations and the terms and conditions of your employer's plan.

Even without receipts, you should always maintain clear and accurate records of your parking expenses. In the event of an IRS audit, you may be required to supply information about the provider as well as dates and amounts of any expenses for which you could not obtain receipts. If you do not have a receipt, please make sure you check the box on the claim form indicating you do not have a receipt. If you do not check the box on the form, it will be assumed that you do have a receipt, but did not attach it to your claim and the claim will be denied.

For questions or additional information on receipt requirements and reimbursement, please contact your Participant Solution Center or visit [www.flexdirect.adp.com](http://www.flexdirect.adp.com).

## Filing Multiple Expenses with the Same Service Dates and Same Amounts

There may be times when you need to submit multiple expenses for the same amounts that were incurred on the same date. For example, you pay daily for parking at work. In one day, you must leave the parking garage and return several times. In doing so, you must pay each time you exit and then receive a new parking ticket each time you re-enter the garage. The ADP claims processing system automatically categorizes claims based on the service date and amount and then compares those dates and amounts to claims you have already submitted. By filing a separate claim form for each expense, the claim that is received and processed second will be marked as a duplicate claim. When submitting multiple claims with identical service dates and amounts, you should submit these expenses on the same claim form whenever possible. This will help prevent eligible expenses from being inadvertently marked as duplicate claims.

You will receive a notification when a claim is marked as a duplicate. In the event a claim is mistakenly considered a duplicate, please contact your Participant Solution Center to have the claim status corrected. You can review your claims online at [www.flexdirect.adp.com](http://www.flexdirect.adp.com).

## When Additional Claim Information is Requested

On occasion, you may be asked to resubmit a claim because information you initially provided was insufficient. For example, you may have neglected to provide required information such as an itemized receipt or perhaps you just forgot to sign the claim form. In the event you are asked to resubmit a claim, you must submit a new claim form with the requested information.

Depending on the situation, it may not be necessary to resubmit the entire claim. For example, if you filed a claim with four expenses and **only one expense required additional information**, you would file a new claim for that one expense with its supporting documentation. You should not resubmit the entire claim with all four expenses as this will result in duplicating the other three expenses and you would then receive a letter indicating that these expenses had been duplicated. However, if you **forgot to include receipts** or if you **neglected to sign your claim form**, it would be necessary to resubmit the entire claim with all its supporting documentation.

For questions or additional information on resubmitting claims, please contact your Participant Solution Center or visit [www.flexdirect.adp.com](http://www.flexdirect.adp.com).

# Preparing Your Parking Commuter Benefits Claim Form

## Please do not return the instructions pages with your claim form.

The Claim Form is designed so that you may complete the form on your computer by tabbing through the designated fields and typing in the required information. If you do not have a computer, please use black or blue ink to complete the form. Print clearly and only in the spaces provided. This form will be processed electronically.

**Step 1: Complete all Employee Information completely.** When completing the Employee Information, you should provide:

- 1 Your name as it appears on your paycheck. Please print your name in ALL CAPITAL letters.
- 2 Your employer's name.
- 3 Your complete mailing address.
- 4 A daytime phone number where you can be reached.
- 5 **Your 10-digit FlexID.** Locate your FlexID by logging into your account at [www.flexdirect.adp.com](http://www.flexdirect.adp.com) or by calling the Participant Solution Center at 1-(800)-654-6695.

### Employee Information (PLEASE PRINT)

Name **1 SARA SAMPLE** Employer Name **ABC Company 2**  
(Please print name in ALL CAPITAL letters)

Address **1234 Main Street 3**

City **Anytown 3** State **US 3** Zip **12345 3** Daytime Phone **4 555-222-1234**

FlexID **5**  
 0 0 1 9 9 9 9 9 9 9

Instructions: Please use blue or black ink and print like this → 0 1 2 3 4 5 6 7 8 9

**Step 2: Complete the Expense Information.** Be sure to include only one expense per line provided. **DO NOT** combine multiple expenses on one line. The Claim Form allows you to submit up to four (4) expenses per form. When completing the Expense Information, you should provide:

- 1 The date the service was provided. This date should match the date on your receipt, if provided.
- 2 The expense description (i.e. – monthly parking, etc).
- 3 Whether a receipt could be obtained for the purchase. If you do not check a box, it will be assumed there is a receipt, but if there is not a receipt attached, the claim will be denied.
- 4 The total amount for the service.
- 5 The total amount for all line items on this Claim Form.

★ **Faxing your claim package is the best submission route and will result in the quickest reimbursement.**

### Expense Information

| 1 Start Date of Service |     |      | NOTE: If an expense spans multiple days, please enter the earliest date of activity in the columns at the left and use a new line for each month. |                             | 4 Amount              |           |
|-------------------------|-----|------|---|-----------------------------|-----------------------|-----------|
| MONTH                   | DAY | YEAR | DESCRIPTION OF EXPENSE 2  | EXPENSE TYPE PARKING        | DOLLARS               | CENTS     |
| 0 9                     | 0 1 | 0 8  | Monthly Parking   | P                           | 1 9 5                 | 0 0       |
|                         |     |      | PROOF / RECEIPT AVAILABLE? 3  |                             |                       |           |
|                         |     |      | YES <input checked="" type="checkbox"/>   | NO <input type="checkbox"/> |                       |           |
|                         |     |      |   |                             | 5 Total Expenses → \$ | 1 9 5 0 0 |

**Step 3: Sign and date your Claim Form.** Claim forms received without a signed Certification cannot be processed.

### Certification

I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I further certify that if the above expenses are not eligible, I will remit payment in the amount of the ineligible expense to the plan. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of expense are attached where such proof of expense can be provided.

SIGNATURE Sara Sample DATE September 5, 2008



# Parking Commuter Benefits Claim Form

*This document and any attachments are intended solely for the use of the sender and ADP and may contain information that is privileged and confidential. If you are not the intended recipient or its authorized representative, you are hereby notified that dissemination of this information is strictly prohibited. If you received this information in error, notify the sender immediately and destroy this document and all supporting attachments.*

### Tips to Remember when submitting Parking Commuter Benefits expenses

1. **Include your 10-digit FlexID.** Locate your FlexID at [www.flexdirect.adp.com](http://www.flexdirect.adp.com) or by calling the Participant Solution Center at 1-800-654-6695.
2. Fax your Claim Form without a cover page or instructions pages, followed by a copy of all receipts, if available.
3. Sign and date your form. Forms received without signatures cannot be processed.

### Employee Information

(PLEASE PRINT)

Name \_\_\_\_\_ Employer Name \_\_\_\_\_  
(Please print name in ALL CAPITAL letters)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

#### FlexID

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**Instructions:** Please use blue or black ink and print like this →

0 1 2 3 4 5 6 7 8 9

### Expense Information

| Start Date of Service   |     |      | NOTE: If an expense spans multiple days, please enter the earliest date in the columns at the left and <b>use a new line for each week or month.</b> | Amount                  |       |
|---|-----|------|--|-------------------------|-------|
| MONTH   | DAY | YEAR |  | DOLLARS                 | CENTS |
|   |     |      | DESCRIPTION OF EXPENSE   | EXPENSE TYPE<br>PARKING |       |
|   |     |      | PROOF / RECEIPT AVAILABLE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | <b>P</b>                |       |
|   |     |      | DESCRIPTION OF EXPENSE   | EXPENSE TYPE<br>PARKING |       |
|   |     |      | PROOF / RECEIPT AVAILABLE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | <b>P</b>                |       |
|   |     |      | DESCRIPTION OF EXPENSE   | EXPENSE TYPE<br>PARKING |       |
|   |     |      | PROOF / RECEIPT AVAILABLE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | <b>P</b>                |       |
|   |     |      | DESCRIPTION OF EXPENSE   | EXPENSE TYPE<br>PARKING |       |
|   |     |      | PROOF / RECEIPT AVAILABLE?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   | <b>P</b>                |       |
| <b>To Expedite Processing Please Fax Your Claim To</b><br><b>1- (866) 392-4090 (toll-free)</b><br>Or Mail to: ADP Claims Processing, P.O. Box 1853, Alpharetta, GA 30023-1853 |     |      | <b>Total ▶ \$</b><br><b>Expenses</b>   |                         |       |

### Certification

I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I understand that where an expense is determined to be ineligible, I am responsible for reimbursing the plan for any such expense. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of expense are attached where such proof of expense can be provided.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_