

SECTION 132 PARKING PLAN

ACCOUNT RULES & CLAIM FILING INSTRUCTIONS

RULES FOR PARKING ACCOUNTS

1. YOU CANNOT SUBMIT A CLAIM UNLESS YOU ARE PARTICIPATING IN THE PARKING PLAN.
2. YOU CAN BE REIMBURSED ONLY FOR ELIGIBLE EXPENSES OCCURRING DURING THE COVERAGE PERIOD IN WHICH YOUR CONTRIBUTIONS ARE MADE.
3. YOU CAN SUBMIT A CLAIM AT ANY TIME DURING THE PLAN YEAR AND FOR A SPECIFIED PERIOD AFTER THE PLAN YEAR AS DESCRIBED IN THE SUMMARY PLAN DESCRIPTION.
4. IF YOU TERMINATE EMPLOYMENT, YOU CAN SUBMIT A CLAIM FOR A SPECIFIED PERIOD AFTER THE DATE OF TERMINATION IF SO STATED IN THE SUMMARY PLAN DESCRIPTION AS LONG AS THE SERVICE OCCURRED BEFORE YOUR DATE OF TERMINATION.
5. IRS RULES STIPULATE THAT ANY MONEY LEFT IN YOUR ACCOUNT(S) AFTER ALL REIMBURSEMENTS FOR THE PLAN YEAR HAVE BEEN PROCESSED CANNOT BE CARRIED FORWARD OR RETURNED. MONEY IN ONE ACCOUNT CAN NOT BE USED FOR EXPENSES INCURRED IN ANOTHER ACCOUNT. FOR INSTANCE, ANY UNUSED AMOUNTS LEFT IN THE PARKING ACCOUNT CAN NOT BE USED TO REIMBURSE MEDICAL EXPENSES.
6. YOU CANNOT RECEIVE PAYMENT FROM ANY OTHER SOURCE FOR EXPENSES REIMBURSED BY CLAIM, AND YOU CERTIFY THAT YOU ARE NOT ELIGIBLE TO BILL ANY OTHER SOURCE FOR THE REIMBURSED EXPENSES.
7. IF YOU HAVE RECEIVED REIMBURSEMENT FOR EXPENSES, YOU CANNOT CLAIM THE EXPENSES FOR INCOME TAX PURPOSES.
8. YOU CANNOT BILL FOR A SERVICE PERIOD THAT BEGINS IN ONE PLAN YEAR AND ENDS IN THE NEXT PLAN YEAR. FILE TWO REIMBURSEMENT CLAIMS, ONE FOR EACH PLAN YEAR COVERING THE PERIOD DURING THAT PLAN YEAR.
9. COMPLETE **ALL** THE INFORMATION ON THE CLAIM FORM FOR EACH AMOUNT CLAIMED FOR REIMBURSEMENT.
10. SIGN AND DATE THE CLAIM.
11. MAKE A PHOTOCOPY OF THE CLAIM FOR YOUR RECORDS.
12. SUBMIT THE CLAIM WITH ATTACHED RECEIPTS TO DPG DISTRIBUTION SERVICES, INC. ACCORDING TO THE PROCEDURES PROVIDED. ADDITIONAL CLAIMS ARE AVAILABLE FROM YOUR EMPLOYER.

Assured Benefits Administrators

**4855 N. Mesa, Suite 130, El Paso TX 19902
(915) 532-2100 Ext. 127 FAX (915) 532-1339**

PARKING REIMBURSEMENT PLAN
VOUCHER

(Please print or type)

NAME:	Last	First	MI
ADDRESS:	Street	City	State ZIP
COMPANY:	EL PASO COUNTY	SS#:	
PHONE:		FAX:	

Please check if this is a new address.

PLEASE REIMBURSE ME FOR THE FOLLOWING PARKING EXPENSES:

AMOUNT: _____
MONTHLY AMOUNT CANNOT EXCEED INDEXED AMOUNT.

FROM: _____ TO: _____
MONTH/DAY/YEAR

MONTH/DAY/YEAR

NAME OF PARKING FACILITY: _____

ADDRESS:: _____
STREET CITY ST ZIP

LOCATION OF PARKING SPACE _____

- ATTACHED IS: STATEMENT FROM THE PARKING FACILITY SHOWING AMOUNT AND DATES OF SERVICE.
 CANCELLED CHECK.
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I CERTIFY THAT THE PARKING EXPENSES SUBMITTED ON THIS VOUCHER FOR REIMBURSEMENT WERE FOR MY AUTOMOBILE TO PARK EITHER CLOSE TO MY BUSINESS PLACE OR FOR PARKING SPACE FROM WHICH I COMMUTE BY PUBLIC TRANSIT, VAN, OR CARPOOL. THE PARKING SPACE IS NOT NEAR MY PLACE OF RESIDENCE.

Employee Signature: _____ Date: _____

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