

**MONROE COUNTY
QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM
CLAIM FORM**

Please read these instructions before completing the claim form:

1. Employee must complete Part I.
2. Instructions for Part II ("Claim Information")
 - A. List each amount/receipt/bill separately. Bills must clearly state:
 - 1) Name and Address of the garage/lot of services
 - 2) Amount charged
 - 3) Date service was rendered
3. Read the Employee Statement, sign and date the form.
4. Mail (or fax) the completed form to the address (or fax number) provided on this form.

Part I: Employee Information (Please Print)

Employee Name:		Employee Social Security Number:									
		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> </tr> </table>									
Address:			New Address?								
			<input type="checkbox"/> YES <input type="checkbox"/> NO								
Daytime Phone		Evening Phone									

Part II: Parking Claims Information (Please Print)

Garage/Lot Covered	Date of service	Amount Claimed	Admin. Use

Total Amount Claimed	\$	
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Employee Statement:

I request payment from my Parking/Transit Reimbursement Program for the expenses itemized on this claim form. I certify that I have not received reimbursement under this Plan or from any other source for these expenses and that I will not seek additional reimbursement for the amount(s) paid by this Plan. I further certify that I have met all requirements for eligible expenses under this Plan. I understand that expenses for which I have been reimbursed cannot be claimed on my personal income tax return.

Employee Signature: _____ Date: _____

Send completed claim form to: Health Economics Group, Inc. (585) 241-9500, ext. 504
 1050 University Avenue, Suite A (800) 666-6690, ext. 504
 Rochester, NY 14607 FAX: (585) 241-9518