



YOUR SECTION 125 PLAN SERVICE SPECIALISTS

EMPLOYEE INFORMATION *(Please Print)*

Check here if address has changed

Name: _____
 Address: _____
 City, State, Zip: _____

SSN: _____
 Day Phone: _____
 Employer: _____

PARKING EXPENSES *(Attach supporting documentation)*

Type of Expense	Service Date		Amount
	From	To	
Total Unreimbursed Parking Expenses			

COMMUTER HIGHWAY/VEHICLE/TRANSIT PASS EXPENSES *(Attach supporting documentation)*

Type of Expense	Service Date		Amount
	From	To	
Total Unreimbursed Commuter Highway and Transit Expenses			

READ CAREFULLY

The above is a true and accurate statement of all expenses incurred by me on the date(s) indicated, and were incurred while I was covered under the Transportation Flexible Spending Account(s). Supporting documentation from my service provider(s) for all expenses are attached to this voucher. I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for any expense improperly claimed under the provisions of the Flexible Spending Account(s).

Participant Signature

Date

Mail To: myCafeteriaPlan, 432 East Pearl St., Miamisburg, OH 45342
Fax To: 937.865.6502 **Email To:** claims@myCafeteriaPlan.com
 To contact Customer Service call 800.865.6543

Access your account information 24 hours a day, seven days a week on our web site: www.myCafeteriaPlan.com