



Parking Reimbursement

How to file a claim:

Online: Log into your benefits portal or use the MyChoice Mobile App to submit your claim electronically

Via email, fax or mail: Fill out your form electronically and submit via email, fax, or mail.

- **Email:** claims@mychoiceaccounts.com
- **Fax:** 855-883-8542
- **Mail:** MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168

Instructions for filling out this form:

Complete each section completely. If filling out by hand, use black or blue ink and CAPITAL letters.

Use documentation to complete each section of the form.

1 SERVICE TYPE (indicate the parking facility being used)

2 SERVICE START AND END DATE

3 AMOUNT SUBMITTED FOR CLAIM

4 YOU MUST SELECT "RECEIPT YES OR NO"
(If no receipt is provided and No is not selected, claim will be automatically denied)

| | |
|---|--|
| SECTION 1: YOUR INFORMATION | |
| SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES) | COMPANY NAME |
| 3 2 3 1 9 2 1 0 0 3 | ACME COMPANY |
| EMPLOYEE LAST NAME | EMPLOYEE HOME ZIP CODE |
| S M I T H | 9 0 0 1 2 |
| EMPLOYEE EMAIL | DAYTIME PHONE # (AREA CODE FIRST, NO DASHES) |
| SSMITH@ACME.ORG | 9 1 9 1 2 4 3 1 0 9 |
| SECTION 2: YOUR PARKING EXPENSES | |
| SERVICE TYPE 1 | BENEFIT MONTH (MM/YYYY) |
| <input checked="" type="radio"/> PARKING FACILITY <u>Sunshine Parking</u> | 0 2 / 2 0 1 9 |
| RECEIPT: YES <input type="checkbox"/> NO <input type="checkbox"/> | EXPENSE INCURRED DATE (MM/DD/YY) |
| | 0 2 / 2 8 / 1 9 |
| | AMOUNT |
| | \$ 3 2 3 . 1 9 |

To ensure your claim is submitted successfully:

- Please include proof of purchase for each amount listed or mark "NO" in the Receipt column. **If you do not provide a receipt and you do not mark No, your claim will be denied.**
- Please complete a separate line for each parking expense when filing your claim form for multiple months.
- Do not send original receipts; keep them for your own records.
- You have 180 days from the end of the month that the expense was incurred to file your claim.
- If submitting a receipt, it should include:
 - Name of Parking Facility
 - Service Date
 - Amount



Parking Reimbursement Form



Use only **CAPITAL LETTERS**, completely fill in
and use only blue or black ink.

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SECTION 1: YOUR INFORMATION

SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)

COMPANY NAME

EMPLOYEE LAST NAME

EMPLOYEE HOME ZIP CODE

EMPLOYEE EMAIL

DAYTIME PHONE # (AREA CODE FIRST, NO DASHES)

SECTION 2: YOUR PARKING EXPENSES

SERVICE TYPE

PARKING FACILITY _____

(Must select) RECEIPT: YES NO

BENEFIT MONTH (MM/YYYY)

EXPENSE INCURRED DATE (MM/DD/YY)

AMOUNT

SERVICE TYPE

PARKING FACILITY _____

(Must select) RECEIPT: YES NO

BENEFIT MONTH (MM/YYYY)

EXPENSE INCURRED DATE (MM/DD/YY)

AMOUNT

SERVICE TYPE

PARKING FACILITY _____

(Must select) RECEIPT: YES NO

BENEFIT MONTH (MM/YYYY)

EXPENSE INCURRED DATE (MM/DD/YY)

AMOUNT

SECTION 3: CERTIFICATION

By submitting this form, I certify that all expenses hereby submitted are for services already provided for their own personal expense. I have not and will not seek reimbursement of these expenses from any other plan or party and this is not a duplicate of a previously submitted request. If No Receipt is marked, the service provider does not provide receipts (such as parking meter or cash box). I understand that I am responsible for the accuracy and veracity of expenses submitted and that I may be responsible for any tax consequences and/or penalties arising from improper submission and reimbursement of the above expenses under the Participant's Section 125 Cafeteria Plan.

I hereby authorize release of payment from my MyChoice Account. I hereby authorize Businessolver or its representatives to obtain necessary information from my service providers to consider my claim for reimbursement under my MyChoice Account.