

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

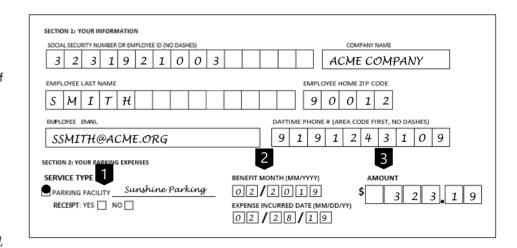
Mail: MyChoice Accounts, MSC 345475, PO Box 105168, Atlanta, GA 30348-5168

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)



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	BENEFIT MONTH (MM/YYYY) AMOUNT
PARKING FACILITY	
(<u>Must</u> select) RECEIPT: YES NO	EXPENSE INCURRED DATE (MM/DD/YY)
SERVICE TYPE	BENEFIT MONTH (MM/YYYY) AMOUNT
PARKING FACILITY	/\$
(<u>Must</u> select) RECEIPT: YES NO	EXPENSE INCURRED DATE (MM/DD/YY)
SERVICE TYPE	BENEFIT MONTH (MM/YYYY) AMOUNT
PARKING FACILITY	/\$
(<u>Must</u> select) RECEIPT: YES NO	EXPENSE INCURRED DATE (MM/DD/YY)

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.