ERISA ADMINISTRATIVE SERVICES, INC. PARKING/ MASS TRANSIT REIMBURSEMENT CLAIM FORM

Last	Please Print)							
Last		First	First		SSN (Las	t 4)	Employee ID	
Address	1	City		State	e Zip	·L	Plan Year	
Parking						ı		1
Please include receipt not available, please ir			-	-	_	-	_	
Start Date	End Date	Metered Parking?	Parking Facility			Amount		
		☐ Yes ☐ No						
		□ Yes □ No						
		□ Yes □ No						
		□ Yes □ No						
MASS TRANSIT ease include receipt o		_	-	te of transpor	tation (or da	te range	e), and ar	nount paid.
Start Date	End Date	le note explaining w	Transit Authority			A	Amount	
				-				
					Т	otal:		
certify that all expense e employer's Parking nd reimbursement wil nderstand that I alone nd that unless an expe xes including federal, nly for eligible expense	and/or Mass Transit l not be sought from am fully responsible nse for which reimbu state, or local income	benefit program wit any other source. I co for the sufficiency, a arsement is claimed in a tax on amounts paid	h respect to such expertify that these expe ccuracy, and veracity s a proper expense u d from the Plan which	enses and tha nses will not b of all informa nder the Plan, n relate to sucl	red during a t the expense e claimed as tion relating I may be lial n expense. I a	n period es have n an inco to this o ble for pa am claim	not been me tax d claim wh ayment c iing reim	reimbursed eduction. I folich is provide of all related

SUBMIT YOUR COMPLETED CLAIM FORM THROUGH YOUR ONLINE PORTAL:

BenefitsbyET.LH1ondemand.com

EASI GOV FSA 1200 San Pedro Dr. NE Albuquerque, NM 87110

Phone: (505) 244-6000 Toll Free: (855) 618-1800