ERISA ADMINISTRATIVE SERVICES, INC.

PARKING/ MASS TRANSIT REIMBURSEMENT CLAIM FORM

PERSONAL DATA (Please Print)

Last	*First*	*MI*	*SSN (Last 4)* XXX-XX-	*Employee ID*

Address	*City*	*State*	*Zip*	*Plan Year*

PARKING

Please include receipt or other documentation showing the parking facility name, amount paid, and date range of parking. If documentation is not available, please include note explaining why. For metered parking that does not have a receipt, please check "metered parking."

Start Date	End Date	Metered Parking?	Parking Facility	Amount
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
			Total:	

MASS TRANSIT

Please include receipt or other documentation showing the transit authority name, date of transportation (or date range), and amount paid. If documentation is not available, please include note explaining why.

Start Date	End Date	Transit Authority	Amount
		Total:	

I certify that all expenses for which reimbursement is claimed by submission of this form were incurred during a period while I was enrolled in the employer's Parking and/or Mass Transit benefit program with respect to such expenses and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. I certify that these expenses will not be claimed as an income tax deduction. I fully understand that I alone am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense. I am claiming reimbursement only for eligible expenses incurred during the plan year. I authorize my account to reimburse me by the amount requested.

Employee Signature_____Date_____

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