Section 132 Tax Free Transportation Plan **Section** Section 132 Tax Free Transportation Plan **Section** Request for Reimbursement/Claim Form

□ Please check here if this is a new mailing or email address

Employer Name (Please Print)				
Employee Last Name (Please Print)	First Name	Mid	Middle Initial	
Address	City	State Zip	D	
Social Security Number	Home Phone ()	Work Phone ()		
Employee E mail Address (if any)				

Date of Service (MM/DD/YY)	Participant's Name	Provider	Description of Service	Claim Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total	\$

Total |\$

Employee's Certification for Reimbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

I understand that any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature: ___

_____/____/____/____

Date:

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