



## Claim Reimbursement Form

### Transit, Parking, Commuter

*Complete the form below and provide proof of expense for the claims listed below. Claims submitted without proof of expense are not reimbursable. A copy of a bill or other written statement from the provider of service is acceptable. Please be sure to attach a complete itemized bill. Your reimbursement check will be mailed to the address listed below unless you are enrolled in direct deposit reimbursements.*

### Personal Information

(Please print clearly)

Employer: \_\_\_\_\_

Employee Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### Claim Information

Type of Expense: _____	Date of Expense _____	Amount: _____
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Type of Expense: _____	Date of Expense _____	Amount: _____
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Please Reimburse via Direct Deposit	Please Reimburse via Check	Total: _____
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I have submitted a Direct Deposit Reimbursement form

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- By signing this form, I agree to have my account reduced by the amount requested.
- This claim for reimbursement is only for expenses incurred by eligible plan participants during the plan year.
- These expenses have not been reimbursed nor will I seek reimbursement for these expenses from any other source.
- If additional information is required you will receive a denial letter letting you know what additional information is needed.
- Mail/email/fax all documents to the contact information.

FBA National  
100 Quentin Roosevelt Boulevard  
Suite 403, Garden City, NY 11530  
Phone: (855) 374-6431  
Fax: (833) 930-1024

email the completed form to: [claims@fbaofsyosset.com](mailto:claims@fbaofsyosset.com)