

Transit and Parking Reimbursement Attestation Form

Use this form to verify the eligibility of your parking and transportation expenses. This is NOT a claim form. You will not receive reimbursement based on this form.

- Complete all entries on this submission form.
- Please print or type.
- Sign and date this form.
- Fax or mail it to the claims department. (See submission instructions below.)
- Complete a separate claim for reimbursement separately via mobile, online, or paper.

Employee Name:

Employee ID#:

Claim Number #

(Required if claim for reimbursement was entered online or on the mobile app. Not necessary if submitting a paper claim for reimbursement form along with this attestation form)

Transit Reimbursement Information

Name of Transit Provider:

Date Service Incurred:

Type of Transportation Expense:

Amount Requested for Reimbursement: \$

Parking Reimbursement Information

Name of Parking Provider:

Date Service Incurred:

Address of Parking Provider:

Amount Requested for Reimbursement: \$

I certify that a receipt for this transaction was not available in the ordinary course of business. This transit and/or parking expense was incurred for the purposes of commuting to or from work. If for parking, the expense is for parking at or near work or at or near public transportation for the purposes of commuting to work. I understand that only expenses related to my commute to and from work are considered reimbursable under this benefit.

Employee Signature:

Date:

Submission Instructions

For fastest results, fax to: (443) 681-4602

Or mail to: Claims Department, P.O. Box 622317, Orlando, FL 32862-2317

If you have any questions, please contact Customer Care at 833-881-8158.