

# MONROE COUNTY QUALIFIED PRE-TAX PARKING /TRANSIT COMMUTE PROGRAM CLAIM FORM

- Please read these instructions before completing the claim form:
1. Employee must complete Part I.
  2. Instructions for Part II ("Claim Information")
    - A. List each amount/receipt/bills separately. Bills must clearly state:
      - 1) Name and Address of the garage/lot of services
      - 2) Amount charged
      - 3) Date service was rendered
  3. Read the Employee Statement, sign and date the form.
  4. Mail (or fax) the completed form to the address (or fax number) provided on this form.

## Part I: Employee Information (Please Print)

<b>Employee Name:</b>		<b>Employee Social Security Number:</b>			
<b>Address:</b>					<b>New Address?</b>
					<input type="checkbox"/> YES
					<input type="checkbox"/> NO
<b>Daytime Phone</b>			<b>Evening Phone</b>		

## Part II: Parking Claims Information (Please Print)

Garage/Lot Covered	Date of Service	Amount Claimed	Admin. Use
<b>Total Amount Claimed</b>		<b>\$</b>	

## Employee Statement:

I request payment from my Parking Transit Reimbursement Program for the expenses itemized on this claim form. I certify that I have not received reimbursement under this Plan or from any other source for these expenses and that I will not seek additional reimbursement for the amount(s) paid by this Plan. I further certify that I have met all requirements for eligible expenses under this Plan. I understand that expenses for which I have been reimbursed cannot be claimed on my personal income tax return.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed claim form to:

Health Economics Group, Inc.  
1387 Fairport Rd. Bldg. 1000, Suite A1  
Fairport, NY 14450

(585) 241-9500, ext. 504  
(800) 666-6690, ext. 504  
FAX: (585) 241-9518