Pro-Flex
PRO-FLEX ADMINISTRATORS LLC

Parking/Transit Claim Form

Step 1: Claim Information

Today's Date: _____/_____/_____   Number of pages: _____   Plan year beginning for: 20_____

☐ New Claim   ☐ Resubmission of claim   ☐ Response to claim denial

Step 2: Participant Information
*=Required Fields

*Employer Name (Do not abbreviate)	Department

*Participant Name (First, MI, Last)

☐ - ☐ - ☐☐☐☐
*Social Security Number

*Participant Mailing Address   ☐   Check here if change of address

Email Address (If provided, all notifications will be sent via email)

*City   *State   *Zip

Step 3: Reimbursement Request

☐ Parking Account   ☐ Transit Account

*Employee Name	*Amount Requested	*Date(s) of Service

Please note the following requirements for claims submission:
- Please number each receipt (if applicable) according to its order of appearance on this form.
- All reimbursements will be made payable to the employee.

Minimum Reimbursement for manual claims: $25

Sign up for Direct Deposit TODAY

Step 4: Authorization

To the best of my knowledge and belief, my statements in this reimbursement voucher are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed on this or any other benefit plan and WILL NOT BE CLAIMED AS AN INCOME TAX DEDUCTION. I authorize my account be reduced by the amount requested.

SIGNATURE OF PARTICIPANT_____ **DATE** _____

Please fax this completed form to Pro-Flex Administrators, LLC: 716-929-2013 or toll free 1-855-214-8987
or mail to: Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221
Visit our website to access account information at www.proflextpa.com