



MedBen Group # \_\_\_\_\_

**QUALIFIED TRANSPORTATION FRINGE BENEFITS REIMBURSEMENT  
REQUEST FORM**

Employee Name: \_\_\_\_\_ SS # \_\_\_\_\_

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

**Instructions:** Complete the information below for transportation expenses incurred by you for which you request reimbursement under the Employers Transportation Benefits Plan. You must provide evidence that the expenses were incurred. Canceled checks and credit card receipts are acceptable means of proof that expenses did occur. Employee certification may be sufficient substantiation if "a receipt is not provided in the ordinary course of business." See back of this form for details. Be sure to provide all information requested by this form. If the form is incomplete, it will be returned to you. Print or type the information requested. Then date and sign the form. **Send this form along with your supporting documentation to: MedBen, Specialty Services Unit, 1975 Tamarack Rd., P. O. Box 1096, Newark, OH 43058-1096.**

	Expense # 1	Expense # 2	Expense # 3	Expense # 4	EXAMPLE
Date of Transportation Expense					10-7-19
Qualified Parking Van-Pooling Transit Passes					Van-Pooling
Proof of Expense Attached?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No	<u> X </u> Yes ___ No
Total Expense	\$	\$	\$	\$	\$ 50.00
Reimbursement Requested	\$	\$	\$	\$	\$ 50.00

Total Reimbursement Requested \$ \_\_\_\_\_

To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I certify that I have incurred the expenses described above on the dates indicated, that the expenses qualify as valid transportation benefit under the Plan, and that I have not been reimbursed previously under the Employers Benefit Plan or any other Benefit Plan, nor do I expect any of these expenses to be reimbursable elsewhere. I understand that these expenses may not be used to claim any Federal income tax deduction or credit. **WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud or health care fraud under state and/or federal law. To report suspected fraud, call 1-877-9FRAUD 9 (1-877-937-2839).**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## QUALIFIED TRANSPORTATION FRINGE BENEFITS

The Employers Transportation Benefits Plan Document contains the rules governing what expenses are and are not reimbursable. Below are some examples to give you a general idea of what items are and are not reimbursable. Please see the Plan Administrator if you have any questions about whether a particular expense is reimbursable.

### **Expenses for which you may be able to receive reimbursement include:**

1. **Van-pooling** – Transportation to and from work and an employee's residence, but only if in a "commuter highway vehicle" (a highway vehicle with a seating capacity of 6 or more adults, not including the driver), and at least 50% of the mileage use of which can reasonably be expected to be for purposes of transportation of employees between work and residences, and on trips during which the number of employees carried is at least ½ of the adult seating capacity of such vehicle (not including the driver).
2. **Transit passes** – Any pass, token, farecard, voucher or similar item that entitles the employee to transportation (or transportation at a reduced price), provided that such transportation is on mass transit facilities, or provided by an entity in the business of transporting persons if such transportation is provided in the type of highway vehicle eligible for use in van-pooling.
3. **Qualified Parking** – Parking provided to an employee at or near the business premises of the employer. It can also mean parking provided at or near a location from which the employee commutes to work by van-pooling, in a commuter highway vehicle, or by carpool. It does not include parking at or near an employee's residence.

### **General Substantiation Requirement:**

- The regulations require that employees have actually incurred an expense equal to the amount of reimbursement being sought. (Reimbursement cannot exceed the maximum that has been established by the IRS.)
- Where employers distribute transit passes to employees, no employee certification as to use is required.
- An employee's certification plus a parking receipt or used transit pass will be adequate. The substantiation requirement may be satisfied with a canceled check, credit card receipt or other proof that the expense has been incurred.
- Employee certification may be sufficient substantiation if "a receipt is not provided in the ordinary course of business." For example, where parking meters, coin box, or transit system does not provide a receipt.

**REQUESTS FOR TRANSPORTATION REIMBURSEMENTS MUST  
BE SUBMITTED WITHIN 180 DAYS OF THE DATE, WHICH THE  
EXPENSE WAS PAID.**