

SHPS^{net} Transportation & Parking Reimbursement Claim Form

Part I: Employee Information (Please Print)

Employee Name (Last/First/MI)	Date of Birth	Social Security Number
Employee e-mail Address-Completion of e-mail address will auto enroll you to receive account e-mail correspondence.		Daytime Telephone Number
<input type="checkbox"/> Change of Address Submission – Please check box and complete the information below for address changes only. Note: The address change is only temporary, you must contact your employer for a permanent change of address.		
Employee Address		
Employee Address(e.g.Apt#,POBox)		
Foreign Country		Country Code

Part II: Affidavit of Transportation Expenses (please, itemize your expenses in the space below and attach supporting invoices)

Type's of Service (Mass Transit or Van Pooling)	Dates of Service		Vendor's Full Name	Total Requested Amount
	Beginning Date	Ending Date		
Total Requested Amount:				
Affidavit of Transportation Expense				
Period Beginning		Period Ending		Total Requested Amount:
Services Provided By: _____				

Part III: Parking Expenses (please, itemize your expenses in the space below and attach supporting invoices)

Type of Service (Parking)	Dates of Service		Vendor's Full Name	Total Requested Amount
	Beginning Date	Ending Date		
Parking				
Parking				
Parking				
Total Requested Amount:				
Affidavit of Parking Expense				
Period Beginning		Period Ending		Total Requested Amount:
Services Provided By: _____				

Part IV: Employee Certification for Reimbursement

I hereby certify that:

- The above information is correct;
- I have not received reimbursement previously for these expenses from my Commuter Reimbursement Account(s) or any other plan; and
- The total of any reimbursed dependent care expenses does not exceed my or my spouse's earned income (W-2 Pay) for the year, if less than \$5,000.

I understand that:

- Reimbursement is not a guarantee that this payment is tax free;
- Commuter expenses reimbursed through this account cannot be used as a deduction on my personal income tax return;
- Reimbursement for eligible expenses can not exceed \$65/month for mass transit and/or van pooling expenses and \$180/month for parking.

I hereby authorize release of payment through my Commuter Reimbursement Account(s).

I hereby authorize SHPS, Inc. or its representatives to obtain necessary information from all the above mentioned vendors to consider the claim for reimbursement under my Commuter Reimbursement Account(s).

Employee Signature: _____ **Date:** _____

SHPS, Inc.
Commuter Reimbursement
PO Box 34740
Louisville, KY 40232-4740

FAX NUMBER: 502-267-2233

SHPS.net Transportation & Parking Reimbursement Request Form Instructions

Claim Submission:

Fax Submission – To expedite your claim payment, fax the completed and signed reimbursement claim form, along with all documentation to the fax number listed above. **Note: fax one claim form and its documentation per transmission**

Mail Submission – Please mail the completed and signed reimbursement claim form, along with all documentation to SHPS, INC. at the address listed above.

Claim forms completely and correctly filled out, will expedite your claim payment process

Your reimbursement can be sent electronically directly to your banking establishment or mailed to the address of record. You can sign up to receive your reimbursements directly to your bank account via electronic payment, view account history, or verify your address by going to www.shps.net online services.

Employee Instructions

Please read these instructions before completing the information requested on the reimbursement claim form.

- Complete all areas of Part I “Employee Information”, If you wish to have your payment or explanation of benefits sent to an address other, than the address on record, please check box and input new address. Note: this is only temporary and must be changed through your employer for permanent status.
- Complete Part II and/or Part III, attaching bills or receipts for all expenses incurred.
- **If accepted under your plan, complete “Affidavit of Transportation and/or Parking Expenses” in lieu of bills or receipts.**

Questions? Call SHPS Customer Service Center at 1-800-678-6684
