



Benefit Advantage

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**RECURRING PARKING
REIMBURSEMENT REQUEST FORM**

Employer Name: _____

Employee Name: _____

Address: _____

Employee ID#: _____

Daytime Phone #: _____

Name of Provider: _____

charge:\$_____ per month, beginning on: ____/____/____ & ends on :____/____/____

This claim form is only valid for the current plan year and will be posted to your Parking Spending Account on the fifth day of every month, if the fifth is a weekend or holiday then it will be the next business day.

For claims reimbursed through Direct Deposit, I realize if I fail to notify Benefit Advantage of any bank account changes, a service fee of \$10.00 will be charged for each direct deposit item. Returned items will be reissued as a paper reimbursement less the \$10.00 service fee.

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

To the best of my knowledge and belief, my statements on the Form are complete and true. I certify all of the following. I used the Parking Benefit for which I am requesting reimbursement above only for purposes of commuting to and from work. I have received the services described and the expenses are my out of pocket expenses that qualify as valid Parking Expenses under The Plan. I have not been reimbursed previously for these expenses under The Plan. These expenses have not been reimbursed or are not reimbursable under any other plan. I authorized a deduction in my Parking Account in the amount of the reimbursement.

Signature: _____
Plan Participant Name

Date: ____/____/____

You may review your account at www.benefitadvantage.com or Benefit Advantage Mobile App for balance details.

Fax to (920) 339-0038 or Mail to: Benefit Advantage, PO Box 5546, De Pere, WI 54115-5546