

# Transit & Parking Claim Form



## Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must detail each of the items summarized below
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Please allow 2 business days for claims to be processed

For Account Balance:  
Go to [my.nbsbenefits.com](http://my.nbsbenefits.com)  
or call (855) 399-3035

## 1 Personal Information

Employee Name

Company Name

Street Address, City, State, Zip

No  Yes  
Address Change?

Phone Number

Social Security Number

## 2 Parking Expenses

	Date of Service			Service Provider	Amount
	MM	DD	YY		
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
See IRS Tax Code Section 132(f) For Maximum Allowable Expense					<b>Total Parking Expenses</b> _____

## 3 Transit Expenses

	Date of Service			Service Provider	Amount
	MM	DD	YY		
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
See IRS Tax Code Section 132(f) For Maximum Allowable Expense					<b>Total Transit Expenses</b> _____

## 4 Employee Signature

\*\* I certify that I incurred the above listed transit/parking expenses and no receipt was provided in the ordinary course of business for this service.

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I certify these expenses are for valid services provided on the dates indicated. If any of my claims is for reimbursement of parking expenditures, I certify that I personally incurred such expense at a facility that is at or near the employer's business premises and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature

Date

**Please fax, mail, or email your claim form and receipts to the following:**

**Mail:** National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084

**Fax:** (844) 438-1496

**Email:** [service@nbsbenefits.com](mailto:service@nbsbenefits.com) (PDF, TIFF, or JPG files only)