

# BERKELEY UNIFIED SCHOOL DISTRICT

## PARKING & TRANSIT PLAN REIMBURSEMENT CLAIM FORM

### Section I – Employee Information

|   |                                       |
|---|---------------------------------------|
| Last Name, First Name _____ MI _____ Day Phone _____  | Employee SSN<br>□ □ □ - □ □ - □ □ □ □ |
| Address _____ City _____ St _____ Zip _____<br><input type="checkbox"/> Check here if this is a new address | Email Address _____                   |

### Instructions

1. Complete Section I – Employee Information. This form can only be used for services incurred during the plan year shown above.
2. **Do not staple any documentation to claim form, please tape to separate sheet or include loosely in envelope. Do not send originals (all claims are stored electronically and paper copies will be shredded).**
3. Complete Section II if you are submitting a claim for **PARKING** expenses. Attach proper documentation showing the date(s) of service and cost of service for the parking expense. Indicate if a receipt is not provided in the normal course of business and sign the affidavit below.
4. Complete Section III if you are submitting a claim for **MASS TRANSIT** expenses. Attach proper documentation showing the date(s) of service and cost of service for the mass transit expense. Indicate if a receipt is not provided in the normal course of business and sign the affidavit below.
5. Complete Section IV - Signing the claim form. Email, Fax, or Mail the signed claim form, but do not send it more than once. Online claims status is available at [www.cbadministrators.com](http://www.cbadministrators.com).

### Section II – Parking Account – (\$240 maximum reimbursement per month during 2012)

| Start Date                           | End Date | Receipt (YES or NO) | Parking Provider | Cost      |
|--------------------------------------|----------|---------------------|------------------|-----------|
| - -                                  | - -      |                     |                  |           |
| - -                                  | - -      |                     |                  |           |
| - -                                  | - -      |                     |                  |           |
| - -                                  | - -      |                     |                  |           |
| <b>Total Parking Account Request</b> |          |                     |                  | <b>\$</b> |

### Section III – Mass Transit Account – (\$125 maximum reimbursement per month during 2012)

| Start Date                           | End Date | Receipt (YES or NO) | Transit Agency | Cost      |
|--------------------------------------|----------|---------------------|----------------|-----------|
| - -                                  | - -      |                     |                |           |
| - -                                  | - -      |                     |                |           |
| - -                                  | - -      |                     |                |           |
| - -                                  | - -      |                     |                |           |
| <b>Total Transit Account Request</b> |          |                     |                | <b>\$</b> |

### Section IV – Signature

|   |      |
|---|------|
| To the best of my knowledge and belief, my statements on this claim form are complete and true. I understand that I am solely responsible for the validity of claims submitted to my Parking & Transit Reimbursement Accounts. I am claiming reimbursement only for eligible expenses incurred by myself during the plan year shown above and certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source. By providing my email address, I am requesting that all possible communications regarding this claim may be sent via email. I hereby authorize my Parking and/or Transit Reimbursement Account(s) to be reduced by the amount(s) shown above. |      |
| Participant's Signature <b>X</b>  | Date |
| Expense Certification: I hereby certify that for each expense listed above, for which I have not attached documentation verifying the expense, that a receipt, bill or documentation was not available as part of the normal business transaction from the provider of the service. (2 <sup>nd</sup> signature required below)  |      |
| Participant's Signature <b>X</b>  | Date |

Send completed form and documentation to:  
[customerservice@cbadministrators.com](mailto:customerservice@cbadministrators.com) (pdf only)  
 or FAX to: (916) 303-7083 or toll-free (800) 584-4591

OR

Mail completed form and documentation to:  
 Custom Benefit Administrators (CBA)  
 P.O. Box 2170, Rocklin, CA 95677

CBA Customer Service: (916) 303-7090 or toll-free (800) 574-5448 - Visit our Web site at [www.cbadministrators.com](http://www.cbadministrators.com)