

**SEND** Pacific Benefit Consultants, Inc.  
**TO:** 3090 Fite Circle, Ste. 201  
Sacramento, CA 95827-1810

800 #: 1-800-800-2090  
or  
1-916-363-2101

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## **TRANSPORTATION BENEFIT PLAN**

### **CLAIM FOR REIMBURSEMENT**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NO. : \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

**IF THE UPPER SECTION OF THIS VOUCHER IS NOT COMPLETED IN FULL, IT WILL BE RETURNED TO YOU FOR COMPLETION WITHOUT BEING REIMBURSED.**

**Remember to attach all Receipts and mail or fax to Pacific Benefits by the 20<sup>th</sup> of the month**

#### **Qualified Parking Expense:**

Amount Claimed: \$ \_\_\_\_\_

Covering Period of: \_\_\_\_\_  
(Give month(s) for which expenses are claimed)

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

**Qualified Van Pooling Expense:** \$ \_\_\_\_\_

Covering Period of: \_\_\_\_\_  
(Give month(s) for which expenses are claimed)

License Number of Commuter Highway Vehicle: \_\_\_\_\_

**Transit Passes Expense:** \$ \_\_\_\_\_

(May only be reimbursed if tokens are not readily available from employer)

#### **READ CAREFULLY:**

***I certify that the above is a true and accurate statement of unreimbursed expenses incurred by me on the dates indicated, and were incurred while I was covered under the Company's Transportation Benefit Plan. Receipts from all service providers for all expenses claimed are attached to this voucher. I understand that I alone am personally liable for payment of any related taxes and penalties (FICA, Federal, State, SDI, etc.) that might be assessed on the amounts paid for any expense improperly claimed on this form.***

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## *Some Rules and Regulations for your Transportation Benefit Plan*

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- ✓ *Only employees as defined in Sec. 132-1 (b)(2)(i) are eligible to participate. Specifically excluded are Sole-Proprietors, Partners, more than 2% shareholders in a Sub-S Corporation, independent contractors and leased employees.*
  - ✓ *Compensation may only be reduced for expenses not yet incurred; i. e. elections must be made and compensation reduced in advance of the month for which expenses are claimed.*
  - ✓ *Compensation amounts that have been reduced are never refundable in cash. They must be used in the Plan or forfeited.*
  - ✓ *Compensation amounts that have been reduced and not expensed in the current month may be carried forward until used. Amounts that have not been used in the current Plan Year may be carried over to the next Plan Year.*
  - ✓ *Upon termination of employment there are no refunds of amounts not used.*
  - ✓ *“Cash Reimbursement” of Transit Passes is allowed only if a voucher or similar item is not “readily available” through your employer.*
  - ✓ *Monthly elections automatically renew unless changed in writing by the employee. Any changes are prospective only.*
  - ✓ *The Employer and each Employee shall indemnify, and hold harmless the Program Administrator and the Company’s Chief Executive Officer from and against any liability, loss, cost or expense arising from any action or inaction by such parties in connection with their responsibilities under the Program.*
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