



**TRANSIT ONE®
REQUEST FOR REIMBURSEMENT**

- Please fax this signed and completed form to (706) 596-3477.
- For customer service, call 1-800-323-5391.

1. Participant's Information and Signature

By submitting this claim form, I (participant named below) request reimbursement from my transportation benefit account(s) listed below. I agree to the Terms and Conditions stated below, and I certify and warrant to Aflac that these are eligible parking and/or transportation expenses I have incurred and that these expenses are not reimbursable from any other source.

Participant's Name (please print): _____ **Social Security Number:** _____

Participant's Address (complete only if address has changed): _____
Street *City/State* *ZIP*

How may we contact you during the day? E-mail: _____ **Phone:** _____

Participant's Signature: _____ **Date:** _____

2. Parking

List each receipt separately; use additional forms if necessary. Only complete the Provider's Certification/Verification below if you do not have a receipt.

Person Using Parking Services	Name and Address (Include City and State) of Parking Facility	Date Services Provided	Reimbursement Amount Requested

To be reimbursed for parking, you must park at or near the business premises of your employer. You may also park at or near a location from which you commute to work by mass transit, vanpooling in a commuter highway vehicle, or carpool. This does not include parking at or near your residence.

Provider's Certification/Verification of Parking Expenses: I certify that the parking expenses described above were incurred by the participant named above.

Provider's Signature: _____ **Date:** _____

3. Mass Transit

List each receipt separately; use additional forms if necessary. Only complete the Provider's Certification/Verification below if you do not have a receipt.

Person Using Mass Transit Services	Name and Address (Include City and State) of Mass Transit Authority	Date Services Provided	Reimbursement Amount Requested

To qualify for reimbursement under Mass Transit, you must commute to work in a form of mass transit transportation, such as a bus, train, ferry, etc.

Provider Certification/Verification of Mass Transit Expenses: I certify that the parking expenses described above were incurred by the participant named above.

Provider's Signature: _____ **Date:** _____

4. Terms and Conditions

I (participant named above) understand and agree that:

- I authorize the Plan and its service provider (Aflac and Transit One), their respective agents, employees, subcontractors, and assigns to use and/or disclose the information provided above as is reasonably necessary to manage the Plan (including the evaluation of eligibility for reimbursement under the Plan) and to detect or prevent fraud or misrepresentation.
- This authorization does not in any way limit any right under the Plan that Aflac/Transit One, their respective agents, employees, subcontractors, and/or any assigns may have under applicable state or federal law or regulation regarding the use of such information.
- Additional information and/or details can be found in the Summary Plan Description provided by your employer.

Aflac Benefit Services • Transit One® • A Service of American Family Life Assurance Company of Columbus (Aflac)
 Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999 • 1.800.323.5391 tel • 706.596.3477 fax

5. Helpful Tips for Filing a Transit One® Request for Reimbursement

1. Complete, **sign**, and **date** the front of this form. Failure to complete **all** areas can result in a delay in processing and claim reimbursement. **Note:** All fields must be filled in completely; do not indicate “See attached” in any field.
 2. **Do not** submit transit or parking claims until **after** services are rendered.
 3. Please attach a legible receipt or itemized bill showing all information listed in the boxes on the front. Bills showing only payment received, balance due, or previous balance are not acceptable.
 4. The service provider’s (parking facility or Mass Transit Authority, as applicable) signature in the Provider’s Certification area may be substituted for a receipt.
 5. Most participants have 90 days from the end of the Plan Year to submit claims with dates of service within the Plan Year. Check with your employer to learn more about late claim submission.
 6. **Note:** Checks will not be written for less than \$15. Requests for less than \$15 will be applied to future requests.
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6. Submitting Your Completed Form

Fax completed Request for Reimbursement forms to (706) 596-3477.

Note: Please allow 48 hours for the receipt of your fax.

Mail completed Request for Reimbursement forms to:

**Aflac Benefit Services
ATTN: Transit One
1932 Wynnton Road
Columbus, GA 31999-9615**

Have questions? Call 1-800-323-5391.

7. General IRS Eligibility Guidelines

To qualify for reimbursement from transportation benefit accounts, expenses must be incurred during the Plan Year for which you are requesting reimbursement and during the employee’s eligibility period if the eligibility period is not the same as the Plan Year.

1. Qualified Transit Expenses:

- Reimbursements must not exceed the monthly amount as specified by IRS regulations.
- Carpooling and vanpooling expenses are not covered.
- Transit expenses are only covered when incurred while the employee commutes to and from work.
- Transit expenses may include vouchers or transit passes purchased for transportation on a bus, subway, train, or ferry.

2. Qualified Parking Expenses:

- Reimbursements must not exceed the monthly amount as specified by IRS regulations.
- Parking expenses are covered only when incurred near or at the place of business or near a location from which the employee commutes to work by mass transportation.