

HR Concepts, LLC

"Your Third Party Administrator of Choice"

Section 132 Reimbursement/Claim Form

Part I. Employee Information (Please check if this is a new address)

Employee Name: _____	SS # _____ - _____ - _____
Mailing Address: _____	City: _____ St.: _____ Zip: _____
Email Address: _____	
Telephone: _____	Employer Name: _____ Plan Year: _____

Part II. Instructions for submitting form (Please read carefully)

- 1 Fill out entire form and sign the bottom
- 2 Reimbursement is only for expenses that will not be reimbursed from any other source. These expenses must have been incurred during the plan year in which reimbursement is requested. You have up to 90 days after the end of a plan year to submit expenses that you incurred during the plan year that just ended.
- 3 All third party documentation supporting your request for reimbursement must accompany this request. This supporting documentation must show date of service (Not the payment date), amount of expense that you are responsible for, who it was for, and a brief description of expense.
- 4 Parking Reimbursement requests must have a signature from the provider as well as the tax ID # of the provider filled in below.

Part III. Transit Reimbursement Account Claim Information

Name of Transit Authority	Date of Service (Not payment Date)	Type of Service (Train, Bus, Van, Etc...)	Description of Services	Amount of Claim

Total of Parking Claim: \$ _____

Part IV. Parking Reimbursement Account Claim Information

Name of Garage	Date of Service (Not payment Date)	Type of Service (Parking at Office, Parking at Station)	Provider Signature & TAX ID #	Amount of Claim

Total of Parking Claim: \$ _____

Part V. Signature

The above statements and submitted information for reimbursement are true. I am only submitting for reimbursement for expenses that I incurred for myself. I certify that I have not been nor will I be reimbursed for these submitted reimbursements from any other source. I further certify that I will not claim these expenses as a tax deduction.

Employee Signature: _____ Date: _____



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