

# Parking/Transit Flexible Spending Account Claim

## Instructions for Completing this Form and Submitting Your Claim

Complete Section 1, *Employee/Group Information*.

Complete Section 2, *Expenses Detail*. List expenses by date and arrange the supporting statements in the same order. Circle the service dates on your documentation. If you have several statements from the same parking/transit vendor, you may subtotal them and list them on one line with a range of dates for the expense. Claims for future parking/transit expenses are not eligible for reimbursement.

**Sign the claim form.** Keep a copy of the claim form for your tax records.

**Submit the completed claim with all support documentation using one of the methods listed below. Include the required itemized receipts with your request.** Claims submitted without support documentation cannot be processed and will be returned to you. Dependent claims are not eligible, only the MVP subscriber is eligible. You can be only reimbursed up to the IR-defined maximum monthly election or the available amount in your parking/transit flexible spending account, if it is less than the IRS monthly maximum.

**Online:** Create your claim and upload support documentation at **[mvphealthcare.wealthcareportal.com](http://mvphealthcare.wealthcareportal.com)**

**Mobile App\*:** Create your claim and upload support documentation using the **myHealthSpend** mobile app on your mobile device

**Mail:** ATTN: FLEXIBLE BENEFITS DEPT  
MVP HEALTH CARE  
PO BOX 2207  
SCHENECTADY NY 12301-2207

**Fax:** **315-234-6146**

**Email:** **[mypendingaccounts@mvphealthcare.com](mailto:mypendingaccounts@mvphealthcare.com)**

Claims payment, account information, and a complete history, including available funds, can be accessed any time at **[mvphealthcare.wealthcareportal.com](http://mvphealthcare.wealthcareportal.com)**.



**Questions? We're here to Help!**

Call **1-888-222-9931** for assistance or email **[mypendingaccounts@mvphealthcare.com](mailto:mypendingaccounts@mvphealthcare.com)**.

\*myHealthSpend mobile app is available on the App Store<sup>®</sup> or Google Play<sup>™</sup>. MSG&DATA rates may apply.

# Parking/Transit Flexible Spending Account Claim



<b>Employer Group Name</b>	<b>Employer Group No.</b>
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## Section 1: Employee Information *(please print)*

<b>Employee Name</b> <i>(last, first, middle initial)</i>	<b>Employee Social Security No. or MVP Subscriber ID No. (EID)</b> <i>(as appropriate)</i>
Street Address	City
	State
	Zip Code

## Section 2: Expenses Detail

Parking Expenses Detail	
Expense Date (or Date Range)	Amount Paid
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Parking Expenses ▶</b>	\$

Transit Expenses Detail	
Expense Date (or Date Range)	Amount Paid
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Transit Expenses ▶</b>	\$

List expenses by date and arrange the supporting statements in the same order. Circle the service dates on your documentation.

If you have several statements from the same parking/transit vendor, you may subtotal them and list them on one line with a range of dates for the expense.

Claims for future parking/transit expenses are not eligible for reimbursement.

Please submit an **itemized receipt(s)** for each expense listed above. Credit card receipts or statements with a previous balance are not sufficient documentation.

As a participant of the Plan, I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while I was covered under my employer's Parking and Transit Flexible Spending Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

<i>Employee Signature</i>	<i>Date</i>
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See page 1 for instructions and how to submit this completed form and expenses documentation.  
**Need additional forms?** Photocopy this form or download it at [mvphealthcare.wealthcareportal.com](http://mvphealthcare.wealthcareportal.com).