



**COMMUTER BENEFITS  
FLEXIBLE SPENDING ACCOUNT  
REIMBURSEMENT REQUEST FORM**

Phone: 800.311.3842 ext 5    SEE REVERSE SIDE FOR INSTRUCTIONS    Fax: 866.514.8287

**A. EMPLOYEE INFORMATION**

Name	Social Security Number (last 4 digits)	Name of Employer
Member ID	Phone Number	Email Address

**B. COMMUTER BENEFITS PARKING ACCOUNT**

Date(s) of Service	Name of Parking Facility	Claimant Name	If documentation is not available, explain why it is not provided by the parking facility. <i>(For example, metered street parking does not provide a receipt.)</i>	Amount Requested
<b>TOTAL AMOUNT REQUESTED</b>				\$

**C. COMMUTER BENEFITS TRANSPORTATION ACCOUNT**

Date(s) of Service	Name of Transit Authority	Claimant Name	If documentation is not available, explain why it is not provided by the parking facility. <i>(For example, metered street parking does not provide a receipt.)</i>	Amount Requested
<b>TOTAL AMOUNT REQUESTED</b>				\$

**D. CERTIFICATION**

I certify that the following is true:

- The expenses listed above were incurred by me and qualify for reimbursement within the current plan year.
- You have incurred the listed expenses. Note: parking expenses require a receipt or other proof, unless employees park in a metered lot where receipts are not available. Even in the absence of receipts, by claiming reimbursement you are attesting that the expense actually incurred.
- You are not being reimbursed for these expenses from any other source.
- You assume all responsibility for taxes or penalties arising out of disallowed deductions.

Employee Signature	Date
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Submit claim(s) electronically at [myEVHC.com](http://myEVHC.com) or through our convenient mobile app at [myTrustmarkBenefits](http://myTrustmarkBenefits) Spending Accounts  
Or return this form to:

Attn: EVHC  
P. O. Box 25946  
Overland Park, KS 66225  
Phone: 877-267-3359  
Fax: 866-514-8287  
Email  
address:[FlexHB@trustmarkbenefits.com](mailto:FlexHB@trustmarkbenefits.com)