



## Claim Filing Requirements

1. **Print your name, address, social security number or employee ID (EID) as appropriate and your employer's name. If you do not provide the correct identifying number, your claim may be delayed or returned.**
2. **List expenses by date & arrange the supporting statements in the same order.** Highlight or circle the service dates on your documentation. If you have several statements from the same provider for the same month, you may subtotal them and list them on one line with a range of days.
3. **Enclose required documentation.** Federal Regulations require you to provide a written statement from the provider of the service that supports your claim if the provider provides receipts or other documentation in the ordinary course of its business. If the provider does not provide receipts or other documentation, explain the situation in the column labeled "Attach proof of expense or explain why it is not available in the ordinary course of business." If the provider normally provides documentation such as receipts you must provide a copy with your claim. The documentation must show:
  - The name provider,
  - The date or range of dates of parking, travel, or payment. You may not claim expenses for more than one month on one line.
  - A description of the service provided (for example, "April 2009 parking" or "May 2009 bus fare"), and
  - The cost of the service or the amount paid.
4. **Sign** the claim form.
5. **Keep** copies for your tax records.
6. **Mail** to the address on the front of this form or **Fax to (877) 879-9038**. This is not a toll-free number. Employee use of an office fax machine may not be appropriate. Please check with your employer before using an office fax machine.

Federal regulations limit the amount of parking for which you can be reimbursed each month. These regulations also limit the amount of transit/van-pooling for which you can be reimbursed each month. These limits cannot be combined. Since they change each year, please check with ASIFlex for the current limits.

Please do not claim expenses for more than one month on one line since reimbursements are limited by month.

Please contact ASIFlex at [asi@asiflex.com](mailto:asi@asiflex.com) , [www.asiflex.com](http://www.asiflex.com) or call, toll-free at (800) 659-3035 Monday through Friday, 7:00 AM - 7:00 PM Central Standard Time or Saturday 9:00 AM – 1 PM Central Standard Time.

**Claim forms:** You may copy this form, obtain forms on the online at [www.asiflex.com](http://www.asiflex.com), or request them from your personnel/payroll office, or call ASIFlex at 1-800-659-3035.

**Claims payment and account information available 24 hours a day 7 days a week:** - Complete history including available funds *on the Web* at [www.asiflex.com](http://www.asiflex.com) (Account Detail). You will need your P.I.N., which you can find on your enrollment confirmation.