



**TOTAL ACCESS FSA
TRANSIT FLEXIBLE SPENDING ACCOUNT REIMBURSEMENT REQUEST FORM**

Your Employer Name: _____

Employee Name: _____
(Please print or type)

Social Security Number: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (_____) _____ - _____
(Area code)

E-mail: _____

Use this form to submit claims for reimbursement from your Transit FSA. If you are submitting claims for other FSA plans at the same time, you may use the multi-plan FSA Claim Form for your convenience.

TRANSIT EXPENSES

Expenses for the Month of:	Amount Requested
	\$
	\$
	\$
	\$
	\$
	\$
Total:	\$

PLEASE SIGN THE FOLLOWING STATEMENT:

I certify that I have incurred the expenses for which reimbursement is claimed. I declare that these expenses have not been, and will not be, reimbursed under any other program and will not be claimed as an income tax deduction.

Employee Signature: _____ Date: _____

Instructions:

Mail or fax this form and supporting documents to:

Benergy OS
Attn: FSA
353 S. Potomac Street
Waynesboro, PA 17268
(fax): 516-414-5122

If you have any questions, contact Benergy OS by e-mail at FSAclaims@benergyos.com or by phone at 800-768-4909. Subsequent claims can be submitted with the claim form you receive with your reimbursement check. Thank you for allowing us to be of service.