

FSA Mass Transit & Parking Expense Claim Form

Employer: _____ Social Security Number: _____

Employee Name: _____ Date of Birth: _____

Home Address: _____ City/State/Zip: _____

Work Phone: _____ Email: _____

Change of Address: _____

**All plan communication pertaining to your account activity is provided solely via email and the www.NueSynergy.com website. It is important to notify NueSynergy if you change your email address.*

1. Mass Transit Expenses (Copies of cancelled checks, billings, etc. are valid receipts for documentation when available)

Service Date(s)	Name of Service Provider	Expense Description	Amount

TOTAL MASS TRANSIT EXPENSES:

1. Parking Expenses (Copies of cancelled checks, billings, etc. are valid receipts for documentation when available)

Service Date(s)	Name of Service Provider	Expense Description	Amount

TOTAL PARKING EXPENSES:

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employee's Flexible Spending Arrangement with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes on amounts paid from the Plan which relate to such expense

Fax, email or mail completed forms and copies of bills, receipts or invoices to:
 Administration Services
 4601 College Blvd, Suite 280, Leawood, KS 66211
 Phone: 913.653.8381, Toll-Free: 855.890.7239, Fax: 855.890.7238
 Email: customerservice@nuesynergy.com

For office use only:

Amount Approved: _____ Amount Rejected: _____ Reviewed by: _____