



# Reimbursement Claim Form

Please complete this form to request reimbursement of expenses incurred by you and/or eligible dependents. Itemized documentation of each expense must be provided. For questions, contact Customer Care at 877-933-3539.

Participant Information	
<b>Participant Name:</b>	
<b>Employer Name:</b>	
<b>Employee Number/ID:</b>	
<b>Email Address &amp; Home Address:</b>	

**Please list each eligible expense below**

Under the **Benefit Type** column, select one of the following benefit codes for each expense.

**FSA** – Health FSA    **LPFSA** - Limited Purpose Health FSA    **DCA** – Dependent Care Account    **HRA**-Health Reimbursement Arrangement  
**TRN** – Transit    **PKG** – Parking    **DVFSA** – Dental/Vision Health FSA    **PRA** – Premium Reimbursement Account

Under the **Service Code** column, select one of the following service codes.

**MT** – Mass Transit    **PK** – Parking    **MD** – Medical    **RX** – Prescription Drugs  
**OT** – Over-the-Counter    **VS** – Vision    **DN** – Dental    **IP** – Individual Premiums

Paid with TASC Card	Benefit Type	Date of service	Service Code	Service Provider	Dollar Amount

**For quick reimbursement, file online via your employee portal ([partners.tasconline.com/tasc1ppt](https://partners.tasconline.com/tasc1ppt)) or Mobile App!**

**Submit your claim form with supporting documentation via fax to 877-231-1287.**

To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I understand that the IRS regulates my FlexSystem account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my Flexible Spending Account balance to be reduced by the amount requested. I certify that I will use the TASC debit card to purchase qualified Transit Account expenses and will only submit a request for reimbursement of such expenses if unable to use the TASC debit card as payment.

Signature	Date
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