

Mass Transit & Parking FSA Benefit Reimbursement Request Form



Submit your completed form and all claim documentation (copies of ALL receipts and documentation) to Benefit Coordinators Corporation (BCC):

For the fastest reimbursement and trackable progress, submit your claims through BCC's My SmartCare:

- **Mobile App**
(download from your iOS or Android app store)
- **Online Portal**
www.mywealthcareonline.com/bccsmartcare

Additional Submission Methods:

- **Mail:** Benefit Coordinators Corporation, Attn: FSA
Two Robinson Plaza, Ste. 200, Pittsburgh, PA 15205
- **Fax:** 412-276-7185
- **E-Mail:** fsa-claims@benxcel.com (PDF Files only, 5MB or less)
- **Download:** <https://secure.benxcel.com>

EMPLOYER: COUNTY OF SANTA BARBARA		GROUP NUMBER: COSB			
EMPLOYEE NAME:		LAST 4 DIGITS OF SSN:			
EMPLOYEE ADDRESS: <input type="checkbox"/> <i>change in address since last submitting a claim</i>		NUMBER OF PAGES (including receipts):			
STREET ADDRESS:					
CITY:		STATE:		ZIP:	
<p>Instructions – Complete the information below for expenses incurred for which you request reimbursement.</p> <ul style="list-style-type: none"> ▪ You should always include a receipt for your commuter expense when requesting reimbursement. If a receipt is not available (i.e. parking meter, coin box) then you must sign the "employee certification" section of this form in addition to the reimbursement authorization section. ▪ Parking Expenses are defined as expenses incurred to park your car on or near the business premises of the Employer, or those incurred to park your car at a location from which you commute to work by mass transit facilities, a commuter highway vehicle, or carpool. ▪ Transportation Expenses include: bus, ferry, rail, subway, monorail, streetcars and tramcars. Vanpools also can be included if it is in the business of transporting persons for compensation or for hire and if the seating capacity of the vehicle is at least six adults (not including the driver). ▪ Transportation Expenses also include "Transit passes," meaning any pass – token, fare card, voucher or similar item (including an item exchangeable for fare media) – that entitles a person to transportation (or transportation at a reduced price) on mass transit facilities. 					
Expense Detail	Date	Amount	Type (check one)		Receipt
		\$	<input type="checkbox"/> parking	<input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> parking	<input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> parking	<input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> parking	<input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> parking	<input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Reimbursement Requested:		\$			

EMPLOYEE CERTIFICATION	I do not have a receipt(s) was not available to substantiate my parking or transportation expense(s). Therefore, by signing below, I certify that the expenses I have listed are for eligible "parking expenses" or "transportation expenses" as defined in the above paragraph.	
	_____ EMPLOYEE SIGNATURE (Required)	_____ DATE
EMPLOYEE AUTHORIZATION	To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I certify that I have paid for the expenses described above on the dates indicated and that the expenses qualify as valid parking expenses. I certify that these expenses have not been reimbursed under another plan and I may not claim any federal income tax deduction or credit for expenses that are reimbursed. I authorize a deduction in my parking expense account in the amount available in my account.	
	_____ EMPLOYEE SIGNATURE (Required)	_____ DATE

Managing your reimbursement account has never been easier! For instant access to your account, register with My SmartCare's online portal at <https://www.mywealthcareonline.com/bccsmartcare/> or download the free My SmartCare mobile app from your Apple or Android device.