

Return Claim Form and documentation to:

Toni Ann Amature, Benefits Administrator
Independent Pension Services, Inc.
114 Old Country Rd., Ste. 520, Mineola, NY 11501
Phone: 516-747-5210 Fax: 516-385-2124
Secure Email: <https://independentpension.securefilex.com>

TRANSPORTATION PLAN CLAIM FORM

Participant Name: _____ Company: _____

Email: _____ SS #: _____

Instructions: Complete the information below for Transportation Expenses incurred or paid by you. You must provide bills, invoices, statements from an independent third party, parking receipts, used transit passes or other evidence showing that the Expenses were incurred or paid (canceled checks will not be accepted). Be sure to provide all information requested by this Form. If the form is incomplete, it will be returned to you.

	Expense #1	Expense #2	Expense #3	Expense #4	Expense #5
Date Transportation Service Provided or Paid					
Type of Transportation Expense (Transit Pass, Commuter Highway Vehicle or Qualified Parking					
Proof of Expense Attached? If not, explain why proof not available in ordinary course of business	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Expense	\$	\$	\$	\$	\$
Reimbursement Requested	\$	\$	\$	\$	\$

Total Reimbursement \$ _____

To the best of my knowledge my statements in this Form are complete and true. I certify all of the following: I used the Transportation Benefit for which I am requesting reimbursement above only for purposes of commuting to and from work at the Employer; I have received the services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Transportation Expenses under the Plan, I have not been reimbursed previously for these expenses under the Plan and these expenses have not been reimbursed or are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or to claim reimbursement under another plan.

Employee signature

Date