

FSADirect MASS TRANSIT/ PARKING EXPENSE AFFIDAVIT

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

GENERAL INFORMATION

Group:

Plan ID:

Partic. ID#

If this is a new address check here

Name Last

Name First

Address

City

State

Zip -

Phone () - -

E-Mail

Fax the completed form to 800-726-9982 or 704-335-0818 in the Charlotte area.
Or mail the completed form to: Claims Processing P.O. Box 31397 Charlotte, NC 28231-1397
Contact Customer Service at 800-532-3327

QUALIFIED TRANSPORTATION EXPENSE DETAIL

Expense Start Date

Expense End Date

Amount

Parking Facility Location/Address:

Mass Transit Facility Location/Address:

Important: You must fill out a transportation expense claim form in order to be reimbursed

AUTHORIZATION

I hereby certify under penalty of perjury that I incurred/will incur the above expenses associated with my direct commute to and from work.

Participant Signature (Void if not signed)

Date Signed