State of Connecticut
Qualified Transportation Account
Claim Reimbursement Form
Revised 09/09

MAIL OR FAX COMPLETED FORM TO:
Progressive Benefit Solutions, LLC (PBS)
23 Maiden Lane
North Haven, CT 06473
FAX: (203) 985-1717
Phone: 1-866-906-8023

Election Period: _____ **(Month)** _____ **(Year)**

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	DATE OF BIRTH

HOME ADDRESS (☐ Check if new address)	CITY, STATE, ZIP CODE	HOME PHONE NO.

Attach valid receipts for each transportation and parking expense.

DATES OF SERVICE MM/DD/YY	EXPENSE TYPE	TRANSPORTATION OR PARKING COMPANY NAME & ADDRESS	CLAIM AMOUNT
			$
			$
			$
			$
			$
			$
			$
			$
		TOTAL:	$

I certify that the expenses for reimbursement requested from my accounts were incurred by me, were not reimbursed by any other plan and to the best of my knowledge and belief are eligible for reimbursement under my Qualified Transportation Account. I will not use the expense reimbursed through this account as deductions or credits when filing my individual income tax return.

This election is exclusively for the cost of my regular daily direct commute from home to work and return in a Public Transportation Vehicle or for the regular daily cost of parking on or near my work location as allowed under IRS Code Section 132 as amended.

I have not given, bartered, exchanged, conveyed or otherwise transferred this benefit to any other person.

I understand that the claim submission deadline is 180 days from the date the expense is incurred.

I acknowledge that I have read and understand the instructions, terms and conditions mentioned on this form and that my participation in the Qualified Transportation Account is in accordance with all applicable Federal Laws, IRS Regulations and Internal Revenue Code Section 132.

Employee Signature _____ **Date** _____

Claim Submission Substantiation:

1. Attach proof of expense incurred to this form
2. Make copies for your records.
3. Note: SSN, DOB, address & home number need only be provided at initial claim submission thereafter name & employee number is sufficient