

CompuSys/Erisa Group Inc.
STATE OF NEW MEXICO
TRANSPORTATION BENEFITS CLAIM FORM

PLEASE PRINT OR TYPE. THIS CLAIM FORM IS ONLY TO BE USED FOR UNREIMBURSED EXPENSES.

Please Mail, Fax, or Email a completed Form to:

CompuSys/Erisa Group Inc. • 13706 Research Blvd, Ste 308 • Austin, TX 78750 • (800) 933-7472 • Fax (512) 597-4692 •
 E-mail, nmflex@cserisa.com

EMPLOYEE INFORMATION				
NAME	EMPLOYEE IDENTIFICATION NUMBER	PLACE OF EMPLOYMENT		
MAIL ADDRESS: If your address has recently changed, you must update it through your employer		CITY	STATE	ZIP CODE
EMAIL ADDRESS: (Only include if you wish to receive account information via email)	HOME PHONE: (Include Area Code)	WORK PHONE: (Include Area Code)		

Reimbursements can only be requested after the expense has been incurred but before 180 days have passed.

COMMUTER TRANSPORTATION (Please see the back of the claim form for instructions and important information on how to file a claim)			
	EXPENSE DATE	SERVICE PROVIDER	CLAIM AMOUNT
1			
2			
3			
4			
TOTAL AMOUNT TO REIMBURSE			

PARKING (Please see the back of the claim form for instructions and important information on how to file a claim)			
	EXPENSE DATE	SERVICE PROVIDER (Please provide garage name and location)	CLAIM AMOUNT
1			
2			
3			
4			
TOTAL AMOUNT TO REIMBURSE:			

EMPLOYEE CERTIFICATION AND SIGNATURE	
I certify the charges attached or listed above are eligible under the Internal Revenue Code. To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I certify that I have incurred the expenses described above on the dates indicated, that the expenses qualify as valid expenses under the Plan, and that I have not been reimbursed by, nor do I expect any of these expenses to be reimbursable elsewhere. This includes any expenses that have been paid for by vouchers from my employer.	
EMPLOYEE'S SIGNATURE	DATE

***To insure timely reimbursement of your out-of-pocket expenses, please make sure that you have signed and dated the claim form in ink, and that you have included proof of expense. If proof of expense isn't included, please explain why it wasn't available in ordinary course of business.**

All questions regarding claims or your Qualified Transportation Benefit Account can be directed to CompuSys/Erisa at:
1-800-933-7472

IMPORTANT INFORMATION ON REIMBURSEMENTS

Expenses that are eligible to be reimbursed under your Qualified Transportation Benefit include:

- ❑ **Commuter highway vehicle:** A commuter highway vehicle is any highway vehicle that seats at least 6 adults (not including the driver). In addition, you must reasonably expect that at least 80% of the vehicle's mileage will be for transporting employees between homes and work place with employees occupying at least one-half the vehicle's seats (not including the driver's).
- ❑ **Transit pass.** A transit pass is any pass, token, fare card, voucher, or similar item entitling a person to ride, on one of the following.
 - **Mass transit:** Mass transit may be publicly or privately operated and includes bus, rail, vanpool, ferry, monorail, street cars or tramcars.
 - **A vehicle that seats at least 6 adults** (not including the driver), if a person in the business of transporting persons for pay or hire operates it.
- ❑ **Qualified parking.** Qualified parking is parking at or near your place of employment. It includes parking at or near the location from which you commute to work using mass transit, commuter highway vehicles, or carpools. It does not include parking at or near your home.

Ineligible Expenses include:

- ❑ **Tolls**
- ❑ **Traffic tickets**
- ❑ **Fuel**
- ❑ **Taxis**
- ❑ **Parking at any location other than near your work or near the location from which you commute to work using mass transit.**
- ❑ **Transportation expenses for a spouse**

Supporting Documentation

The following forms of documentation are considered appropriate:

Commuter highway vehicle: A completed reimbursement request and a copy of an itemized receipt.

Transit pass: A completed reimbursement request and either a copy of an itemized receipt or a copy of a used/unused transit pass.

Qualified parking: A completed reimbursement request and a copy of a parking receipt.

If a receipt is not provided in the ordinary course of business, a completed reimbursement request is adequate, but you must explain why it wasn't available in ordinary course of business.

Additional Information

You may carry forward contributions, but not expenses. In other words if you incur an expense in January that is greater than your monthly target, you can't be reimbursed from future contributions to cover January's overage. However, if you incur an expense in January, that is less than your monthly target, you can carry the money forward to cover future expenses.

To change or revoke your election in this plan, please contact your Human Resources Representative at the State of New Mexico. Please note that you may not be reimbursed for any expense that was incurred before your salary reduction agreement became effective. If you choose to revoke your election in the plan, or if you terminate your employment with the State of New Mexico, the money remaining in your account may be subject to forfeiture.

To request reimbursement for an expense you've paid for out-of-pocket please send a completed claim form along with proof of expense to:

CompuSys/Erisa Group Inc.
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Austin, TX 78750-1849
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