



Parking and Transit Claim Form

YOU MAY USE THIS FORM **OR** FILE CLAIMS ONLINE AT WWW.HRPRO.BIZ

This form is to be used for non-debit card claims only (SEE ACCOUNT LOGIN INSTRUCTIONS ON THE BACK OF THIS FORM)

Attach any supporting documents for services provided. If supporting documentation is not available for the particular service used, be sure to complete Employee Affidavit below.

| | | | | | | | |
|---------------------|--|--|--|-----------------------|--|------|--|
| Employer Name: | | | | | | | |
| Employee Last Name: | | First Name: | | Last 4 digits of SSN: | | | |
| Street Address: | | City: | | State: | | Zip: | |
| Daytime Phone: | | Email Address (For claim correspondence only): | | | | | |

Mass Transit Eligible Expenses

| Merchant Name | Date(s) of Expense | Your Cost (Claim Amount) |
|---------------|--------------------|--------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL | | \$ |

Parking Eligible Expenses

| Merchant Name | Date(s) of Expense | Your Cost (Claim Amount) |
|---------------|--------------------|--------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| TOTAL | | \$ |

Employee Affidavit – for use when no supporting documentation is available and amounts are not paid with an employer issued payment card.

I certify I have incurred the above amounts and paid for them in cash.

I certify that these expenses were incurred by myself. I further certify that these expenses are not reimbursable under any other plan. I understand that I cannot use expenses reimbursed through this account as deductions when filing my individual income tax return. I understand that if I do not provide required documentation, I will not be reimbursed. I authorize my employer to deduct the total amount requested from my account in accordance with the terms and provisions of the Mass Transit and/or Parking plan. If I receive reimbursement for transportation expenses that are not eligible, I agree on demand to indemnify and reimburse my employer for any liability I may incur for failure to withhold income tax or Social Security tax up to the amount of additional tax actually owed by me.

| | | |
|---------------------|--|---|
| Employee Signature: | | Attach copies of bills or receipts and return to: HRPro 1423 East 11 Mile, Royal Oak, MI 48067 Tel: (248) 543-2644 Fax: (248) 543-2296 Email: claims@hrpro.biz |
| Date: | | |
| | | |

Parking and Transit Claim Form

Instructions for Filing a Claim

1. Please type or print all information clearly and submit claim form to HRPro via mail, fax or email. Keep a copy of the claim form and receipts for your records. You may call HRPro at (248) 543-2644 with any questions regarding your claim.
2. Attach copies of receipts to the claim form (You keep the originals). Canceled checks are not accepted.
3. You may only submit expenses incurred by you.
4. Claims will be accepted and processed according to the schedule set forth by your employer.
5. Remember, disbursements from your spending accounts are made on a pre-tax basis. When filing your annual income tax return, do not declare reimbursements as income and do not take any expenses you have been reimbursed for as a deduction.

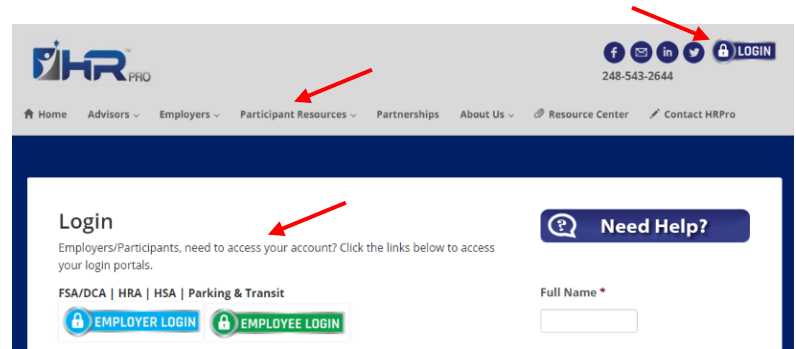
Online Access to Your Account

Allows you to:

- File claims online
- Check account balance and claim history
- Review outstanding receipt requirements
- View plan information
- Download forms

How to Login:

1. Log into www.hrpro.biz and click on "Login" under Participant Resources or click the "Login" button on top of page.



2. Login using the following:

Username: First initial (cap), full last name (lowercase) and the last 4 digits of your SSN.

Example:

John Smith 123-45-6789 would login as:
[Jsmith6789](#)

If this is your first time logging onto the system, use **Password1** as your password. You will be prompted immediately to create a new, unique password before entering the participant portal.

