

Parking Account Claim Form

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

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 parking 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): | | | | | |

| ork-Related Parking Eligible Expenses | | | | |
|---------------------------------------|--------------------|-----------------------------|--|--|
| Merchant Name | Date(s) of Expense | Your Cost (Claim Amount) | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | TOTAL | \$ | | |

| Employee Affidavit – for use when no supporting docu | mentation is available and amounts are not paid with an employer issued payment card. | |
|---|--|--|
| \square I certify I have incurred the above amounts and pa | aid for them in cash. | |
| plan. I understand that I cannot use expenses reimbunderstand that if I do not provide required documenta from my account in accordance with the terms and p | and are work related. I further certify that these expenses are not reimbursable under any other bursed through this account as deductions when filing my individual income tax return. I ation, I will not be reimbursed. I authorize my employer to deduct the total amount requested provisions of the Parking plan. If I receive reimbursement for parking expenses that are not e my employer for any liability I may incur for failure to withhold income tax or Social Security y me. | |
| Employee Signature: | Attach copies of bills or receipts and return to: | |
| Date: | HRPro | |
| | 1025 N. Campbell Road, Royal Oak, MI 48067 | |
| | Tol. (248) 542-2644 Eav. (248) 542-2296 | |

Email: accounts@hrpro.com



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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.

Allows you to:

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

How to Login:

 Log into www.hrpro.com and click on "Account Login" in the menu bar. Use Drop down to access> account holder login> FSA/HSA/HRA/Commuter or Click Our services > Benefit Administration > Commuter to access login from that 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.

