



**How to Submit**  
 Secure Upload: Via Employee Portal  
 Fax: 269-327-0716  
 Mail: BASIC•9246 Portage Industrial Dr. •Portage, MI 49024

## Parking/Transit Form

**Participant Information** To Update your information, log on to your account at [www.basiconline.com/account\\_access](http://www.basiconline.com/account_access)

Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Eligible Transit & Parking Expenses**

**Parking Eligible Expenses:**

- Parking at or near an employee's work place
- Parking at or near a location from which an employee commutes to work by mass transportation, carpooling, etc. (A parking lot at a commuter train station, for example)

**Not Covered:**

- Expenses for parking at or near the employee's residence or at temporary work locations
- Parking expenses not related to work

**Transit Eligible Expenses:**  
**Must be paid with BASIC Benefits Card – CANNOT be reimbursed to member directly:**

- Mass transportation fares, which include any pass, token, fare card, ticket, etc. for public transportation to and from work
- Commuter highway vehicle transportation, better known as van pooling. The vehicle may be owned or leased by the employer or a service provided by a vendor, but must meet certain conditions:
  - It must seat six or more adults (not counting driver)
  - The vehicle must be used 80% or more of the time for transporting employees to and from work
  - It must transport three or more commuters on each trip (not counting driver)

**Not Covered:**

- Cost of fuel
- Taxi or limousine fares
- Tolls paid for roads, bridges or tunnels
- Transportation costs not related to work

**Itemized Parking Expenses (Transit expenses must be paid with BASIC Benefits Card)**

Benefit Card used for this PARKING expense [please check yes or no]	Date(s) of Service [provide the date or date range which parking was used]	Service Provider [The name of the parking vendor who provided the service]	Work Related? [Certify the expense was associated with work]	If a receipt was not provided by your parking provider, initial here to certify the expense	Service [parking, pass, token, etc]	Amount [Enter the reimbursement amount requested]
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			\$

I certify that I have not already been paid for these expenses from my Parking/Transit Plan or any other source. I have submitted the above information in good faith and it is correct to the best of my knowledge. I understand that reimbursement is not a guarantee. The service for which I am requesting reimbursement must be incurred during my period of participation. Services incurred after participation ends are not eligible for reimbursement even if there was a balance remaining in my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_