

PARKING EXPENSE CLAIM FORM

Mail to:
 UPMC Health Plan
 PO Box 3169
 Greenwood Village, CO 80155-3169

Phone: 1-888-876-2756
 Fax: 1-866-229-3711

No. of pages _____

PLAN & EMPLOYEE INFORMATION

FIRST NAME: _____ LAST NAME: _____ MEMBER ID NUMBER: _____
 DAYTIME PHONE: () _____ EMAIL: _____ DATE OF BIRTH: ____/____/____
 EMPLOYER NAME: _____ PLAN YEAR: _____

Note: Reimbursements will be sent to the address on file with UPMC Health Plan. If an address change or update is needed, please contact your Human Resources office.

EXPENSES

*****Please do not include UPMC Health Plan MyFlex Advantage card transaction on this form***
 Please do not highlight items in this form if you will be faxing**

PARKING

SERVICE START DATE	SERVICE END DATE	SERVICE PROVIDER	\$ AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL PARKING EXPENSES			\$

* Check our website for the IRS section 132(f) Parking annual maximum benefit amount.

REIMBURSEMENT INFORMATION

UPMC Health Plan will process your reimbursement according to the banking method we currently have on file, either check or direct deposit*. If you would like to make a change, you must submit a completed Reimbursement Authorization Agreement, which can be found on the forms section of your Participant Portal. Log in to www.upmchealthplan.com/myflex and click the Log In link. Your reimbursement method will remain in effect until an updated authorization form has been received and processed by UPMC Health Plan, which may take up to 10 business days. To ensure your claim is being paid using the method of your choice, it is advisable to submit changes well before submitting a request for reimbursement.

Direct deposits normally take 2 business days from the date of initiation. Bank holidays/ weekends may affect when the deposit is credited to your account. Please contact your bank to verify all deposits are received. If you provide us with your email address we will inform you each time a direct deposit is initiated. Direct deposits cannot be posted to debit or credit cards. Any direct deposit remitted by UPMC Health Plan and not rejected by your bank is deemed a valid reimbursement and will not be adjusted. There may be a \$25 fee to reissue lost/ stolen checks.

* Direct deposit is not offered as an option under all plans. If your plan does not offer direct deposit, a check will always be issued for your reimbursements.

EMPLOYEE AUTHORIZATION

To the best of my knowledge and belief, the expenses listed above are accurate, complete and are eligible for reimbursement under the plan. I certify that expenses will not be claimed again when filing IRS form 1040. I certify that these expenses were work related and incurred for myself. I certify that these parking expenses have not been reimbursed are not reimbursable under any other coverage or employer plans. I certify that I have acquired and retained a receipt where possible for the claims above. I certify that if my employer incurs a liability for failure to withhold Federal, State or local, or Social Security Taxes on one or more of my payments or reimbursements that are not Qualified Expenses, I will indemnify and reimburse the employer that liability.

Signature: _____ Date: _____