



STATE OF TENNESSEE GROUP INSURANCE PROGRAM

REIMBURSEMENT REQUEST FOR TRANSPORTATION AND PARKING ACCOUNTS

State of Tennessee • Department of Finance and Administration • Benefits Administration

312 Rosa L. Parks Ave., 19th Floor • Nashville, TN 37243 • 615.741.3590/800.253.9981 • fax 615.741.8196 • email flexible.benefits@tn.gov

Be sure to read the instructions on the back of this form before completing. Please print or type. Requests can be mailed, faxed or scanned and emailed to the Benefits Administration office at flexible.benefits@tn.gov. Keep a copy for your records.

EMPLOYEE INFORMATION

Form with fields: FIRST NAME, MI, LAST NAME, SOCIAL SECURITY NUMBER, EMPLOYING AGENCY, DAYTIME PHONE NUMBER, EDISON ID, HOME ADDRESS, CITY, ST, ZIP CODE

TRANSPORTATION EXPENSES

Table with 3 columns: DATES EXPENSES INCURRED MONTH/DAY/YEAR, SERVICE PROVIDER, REIMBURSEMENT AMOUNT REQUESTED. Includes a TOTAL REQUESTED \$ row.

FOR OFFICIAL USE ONLY

Table with 5 columns: SERVICE FROM, SERVICE TO, SUBMITTED AMOUNT \$, DENIED AMOUNT \$, TOTAL AMOUNT PAID \$

PARKING EXPENSES

Table with 3 columns: DATE(S) EXPENSES INCURRED MONTH/DAY/YEAR, SERVICE PROVIDER(S), REIMBURSEMENT AMOUNT REQUESTED. Includes a TOTAL REQUESTED \$ row.

FOR OFFICIAL USE ONLY

Table with 5 columns: SERVICE FROM, SERVICE TO, SUBMITTED AMOUNT \$, DENIED AMOUNT \$, TOTAL AMOUNT PAID \$

AUTHORIZATION

The above is a true and accurate statement of eligible unreimbursed transportation and/or parking expenses incurred by me on the date(s) indicated.

Form with fields: SIGNATURE, DATE

Attach copies of receipts from your service provider.

INSTRUCTIONS FOR REIMBURSEMENT REQUESTS

- Please include your eight-digit Edison employee ID number. This is not your Edison user ID or your Edison password.
- You may not request reimbursement until the service has actually been received, regardless of when you pay for it.
- All expenses claimed must be incurred during your period of coverage. It is not when you pay an expense but when you incur it that makes it eligible for reimbursement. An expense is “incurred” when you are actually provided with the service that gives you the expense, not when you are formally charged for, billed for or when you pay for the service.
- If you are making multiple payments for a single service, send your statement showing date of service and total amount due with your first reimbursement request.
- If date of service begins in one plan year and ends in the next plan year, a separate reimbursement form for each year is required.
- Be sure to sign and date the form.
- Expenses reimbursed through a reimbursement account may not be claimed on your income tax return.
- If your state paycheck is deposited directly into your bank account, your reimbursement payments will also be deposited directly into your bank account. If you are not enrolled in the state’s direct deposit program, your reimbursement payments will be mailed to you.
- For both transportation and parking accounts, you can only be reimbursed up to the current balance of your account. If your request exceeds your balance, the remaining portion of the reimbursement will be held until your next payroll deduction.
- The maximum expense you can incur during a calendar month is \$270 for both parking and transportation accounts. Even if your account has a higher balance, this is the maximum you will be reimbursed.
- You can submit multiple months on a single form, but the maximum monthly expense limit will be applied.
- The transportation FSA and parking FSA are used to pay for certain work-related commuting and/or parking expenses. These accounts may not be used for fuel, oil changes, car repairs or similar vehicle servicing and upkeep.
- Payroll contributions will not be refunded. You must have eligible expenses to be reimbursed your contributions.