



Administration Provided By:
Diversified Group
 PO Box 299 Marlborough, CT 06447
 860-295-0238, toll free 888-322-2524

Section 132 Mass Parking Parking Reimbursement Request Form

Employer Information

Group Name: Research Foundation for Mental Hygiene, Inc. Group #: DAC274G

Employee Information

Last Name: _____ First Name: _____ ID #: _____
 Address: _____ City: _____ ST: _____ Zip Code: _____
 Phone No.: (____) _____

Rules and Instructions for completing Mass Transit/Parking Reimbursement Form

- In accordance with IRS Code Section 132(f), allowable expenses are only for the employee of the Plan Sponsor.
- The Mass Transit and Parking Accounts are separate accounts and funds cannot be transferred between accounts.
- Receipts are required as evidence of service and payment.
- Reimbursements from either account are limited to the amount credited to your account to-date, from payroll contributions, less any reimbursements previously paid to you.
- Please keep copies of documentation/substantiation for your records.
- Any balance remaining in your account at the end of the 90 day run-out period, (Jan 1st through March 31st) will not be forfeited; it will be applied to the following Plan Year.
- Requests under \$10.00 will be applied to future requests, or paid at the end of the fiscal Plan Year.
- For inquiries please contact Diversified Administration Corporation: .860 295-0238, toll free 888 322-2524 or e-mail ebenereim@diversifiedgb.com Fax: 860-295-6548

Reimbursement Information/Mass Transit

Service Provided By:	Service Date:	Requested Amount:
		\$
		\$
		\$
		\$
		\$

Total Reimbursement Requested from the Parking Account: \$ _____

Participant Certification:

To the best of my knowledge and belief, my statements in this Form are complete and true. I certify all of the following. I used the Transportation Benefit for which I am requesting reimbursement above only for purposes of commuting to and from work at the Employer. I have received the services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Transportation Expenses under any other Plan. I have not been reimbursed previously for these expenses under the Plan. These expenses have not been reimbursed or are not reimbursable under any other Plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit, or to claim reimbursement under another plan. I authorize a deduction in my Transportation Account in the amount of the reimbursement.

Participant's Signature: _____ **Date:** _____