TO RECEIVE YOUR REIMBURSEMENT
For
Parking/Transportation

1. **After you have incurred an eligible expense complete this Claim Form in its entirety. This includes all dates of service, provider's name or expense description, services code and amount claimed. An expense is incurred when the service is provided-not when you are billed or pay for the service. Make sure you clearly indicate on your Claim Form the actual "date(s) of service".**
2. **Include the appropriate documentation when available. This must include, at a minimum, the name of the service provider and the amount of the expense incurred.**
3. **Fax or mail your completed (and signed) Claim Form with documentation to:**

   NWGS (TPA Service)
   8245 Farnsworth Road, Suite B
   Waterville, OH 43566
   Fax Number: 419-887-1214
   Email: nwgsclaims@nwgsonline.com
4. **Cut off dates for submissions are the 10th & 25th of each month and we process payments the next business day payments will go out some time after we process.**
5. **Each account is separate. You may only submit parking expenses against the parking account and transportation expense against the transportation account. Any unused account balance remaining at the end of each month will be available for reimbursement of future expenses. The maximum amount you can be reimbursed is your total account balance not to exceed the statutory monthly maximum.**
6. **Please submit your claims in a timely manner. Claims must be submitted within twelve months of the date service was incurred. All claims with dates of service greater than twelve months will not be honored.**
7. **Whenever you have a question about the status of a claim or your account balance, please call Customer Service toll-free at 888-808-3008.**

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CLAIM FORM

Parking and/or Transportation Account

*****PLEASE INDICATE IF YOU HAVE HAD AN ADDRESS CHANGE*****

Please include documentation when available **Please complete ALL Applicable Spaces**

Company Name Employer's Name	Last Name	First Name	Phone Number	Social Security Number

Home Address	Number/Street	Apt#	City	State	Zip

Date(s) of Service	Service Vendors Complete Name (Or expense description)	Service Code	Amount
	TOTAL		**$**

***Service codes: P-Parking, T- Transportation (mass transits pass, van pooling, fare cards, ect.)**

I certify that I have incurred the expenses listed herein and they all qualify for reimbursement under the Transportation Equity Act. These expenses have not previously been reimbursed, nor will they be Reimbursed under any other benefit plan and will not be claimed as an income tax deduction.

Employee Signature_____**Date**_____