



COMMUTER SPENDING ACCOUNT REQUEST FOR REIMBURSEMENT

• Please fax this signed and completed form to (706) 596-3477.
• For customer service, call 1-800-323-5391.

1. Participant's Information and Signature

By submitting this claim form, I (participant named below) request reimbursement from my transportation benefit account(s) listed below. I agree to the Terms and Conditions stated below, and I certify and warrant to Aflac that these are eligible parking and/or transportation expenses I have incurred and that these expenses are not reimbursable from any other source.

Participant's Name (please print): _____ Social Security Number (optional): _____

Participant's Address (complete only if address has changed): _____
Street City/State ZIP

How may we contact you during the day? E-mail: _____ Phone: _____

Participant's Signature: _____ Date: _____

2. Parking

List each receipt separately; use additional forms if necessary. Only complete the Provider's Certification/Verification below if you do not have a receipt.

Person Using Parking Services	Name and Address (Include City and State) of Parking Facility	Date Services Provided	Reimbursement Amount Requested

To be reimbursed for parking, you must park at or near the business premises of your employer. You may also park at or near a location from which you commute to work by mass transit, vanpooling in a commuter highway vehicle, or carpool. This does not include parking at or near your residence.

Provider's Certification/Verification of Parking Expenses: I certify that the parking expenses described above were incurred by the participant named above.

Provider's Signature: _____ Date: _____

3. Mass Transit

List each receipt separately; use additional forms if necessary. Only complete the Provider's Certification/Verification below if you do not have a receipt.

Person Using Mass Transit Services	Name and Address (Include City and State) of Mass Transit Authority	Date Services Provided	Reimbursement Amount Requested

To qualify for reimbursement under Mass Transit, you must commute to work in a form of mass transit transportation, such as a bus, train, ferry, etc.

Provider Certification/Verification of Mass Transit Expenses: I certify that the parking expenses described above were incurred by the participant named above.

Provider's Signature: _____ Date: _____

4. Terms and Conditions

I (participant named above) understand and agree to the following:

- I authorize the Plan and its service provider (Aflac), its respective agents, employees, subcontractors, and assigns to use and/or disclose the information provided above as is reasonably necessary to manage the Plan (including the evaluation of eligibility for reimbursement under the Plan) and to detect or prevent fraud or misrepresentation.
- This authorization does not in any way limit any right under the Plan that Aflac, its respective agents, employees, subcontractors, and/or any assigns may have under applicable state or federal law or regulation regarding the use of such information.
- Additional information and/or details can be found in the Summary Plan Description provided by your employer.