Transportation & Parking Claim Form

Instructions

1. Complete employee information section. Be sure to write legibly to ensure proper processing.
2. Itemize your expenses in the table provided. You may use multiple forms if necessary.
3. Attach copies of your supporting documentation. Documentation must clearly show the date(s) of service and cost of service. If you're not able to obtain documentation in the normal course of business you may sign the claim form twice to certify that the expenses are valid.
4. Sign the claim form and submit it to Navia along with your supporting documentation. You may fax, email or mail your claim submission but choose one method only. You may also submit claims online or with the MyNavia mobile app.
   - Email claims@naviabenefits.com
   :
   - Fax: (425) 451-7009 or Toll-free (866) 535-9227
   - Mail: Navia Benefit Solutions
          PO Box 53250 Bellevue, WA 98015

   Please allow at least two (2) full business days for Navia to process your claim. Claims status is available www.naviabenefits.com. Customer service is available from 6a-6p PT at (425) 452-3500 or toll-free at (800) 669-3539.

Employee Information

Last Name, First Name	SSN / Employee ID #

Home Address (Street, City, State, Zip Code) ☐ Please update my address on file	Phone Number

Employer Name	Email Address
Archdiocese of San Francisco	

Transit Expenses

Start Date	End Date	Receipt (Yes or No)	Transit Agency	Cost
		Total Transit Reimbursement Request $		

Parking Expenses

Start Date	End Date	Receipt (Yes or No)	Parking Provider	Cost
		Total Parking Reimbursement Request $		

Signature

To the best of my knowledge and belief, my statements on this claim form are complete and true. I understand that I am solely responsible for the validity of claims submitted to my Transportation Reimbursement Account. I am claiming reimbursement only for qualified transportation expenses incurred by myself during the plan year shown above and certify that these expenses have not been reimbursed under this plan or by any other source. By providing my email address, I am requesting that all possible communications regarding this claim may be sent via email. I hereby authorize my Transportation Reimbursement Account to be reduced by the amount(s) shown above.

Participant's Signature **X**	Date

Expense Certification: I hereby certify that for each expense listed above, for which I have not attached documentation verifying the expense, that a receipt, bill or documentation was not available as part of the normal business transaction from the provider of the service. (2nd signature required below)

Participant's Signature **X**	Date