South Carolina

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association

Qualified Transportation Account Claim Form ~ Reimbursement

Employee's Name: _____

Social Security Number: _____-_____- _____

Employee's Daytime Phone: (_____) _____

Qualified Parking Expense

Name of Parking Facility	Month Service Incurred	Address of Parking Facility	Amount Incurred*
		Total Amount:	

*Monthly amount cannot exceed indexed amount. Indexed amount for 2010 is $230.00.

Qualified Transit Pass/Commuter Highway Vehicle Expense

Name of Transit Provider	Month Service Incurred	Expense Description	Amount Incurred*
		Total Amount:	

*Monthly amount cannot exceed indexed amount. Indexed amount for 2010 is $230.00.

**Attach a receipt/statement from the parking facility or transit provider showing amount and dates of service.

The undersigned participant in the Program certifies that all expenses for which reimbursement is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employer's Tax-Free Transportation Program with respect to such expenses and that all expenses for which reimbursement is claimed by submission of this form were incurred for any parking on or near the business premises of the Employer, on or near a location from which participant commutes to work, and/or for regular daily direct commute from home to work and return. The undersigned understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under this Program, the undersigned may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Program which relate to such expense.

Signature: _____ Date: _____

How to Contact Us

Mailing address: **FSA Administration**
BlueCross BlueShield of South Carolina
P.O. Box 100237
Columbia, SC 29202

Secure fax: **(803) 264-6423**
Phone: **Toll free 1-800-300-5248**