

TRANSIT VOUCHER REQUEST

FAX: 1-888-207-2310

To request that your Mass-Transit benefits be sent to you in the form of a Transit Voucher, please complete this form and return to FlexToday by fax/mail/scan/upload.

Your Name		Your Employer
Home Street Address		
Home City State & Zip Code		Last 4 # of your SSN
Your Email Address		Birth Date MM/DD

Check One:

<input type="checkbox"/> One Time	Vouchers will be sent to your home address if/as funds become available in your account up to \$270 per month (2020).
<input type="checkbox"/> Recurring	Vouchers are sent to your home address on the 5 th and 20 th of the month if funds are available. Changes in your Voucher Request must be received by the 1 st of the month to be effective on the 5 th of the month and by the 15 th of the month to be effective with the 20 th of the month. This Request will remain in effect until formally cancelled or replaced in writing.
<input type="checkbox"/> Cancel	Your Recurring Transit Voucher Request will be terminated upon receipt of this form.

Select Your Vouchers:

Voucher Amount	Quantity	Sub Total	Voucher Amount	Quantity	Sub Total	Total Vouchers Requested
		\$			\$	\$
		\$			\$	Pre-tax Benefits Limited to \$270 Per Month (2020)

I hereby certify, understand and agree that: The eligible Mass-Transit expenses paid using these vouchers will be incurred for my personal Commuting expenses while I am an active employee of the Employer sponsoring this benefit; These expenses have not been reimbursed or paid previously and I will not seek payment or reimbursement any other source or benefit plan for these expenses; I assume the responsibility to maintain substantiating documents for all Transit benefits; I understand that this form will not be returned to me and I am responsible for retaining my own copy; I understand that FlexToday cannot guarantee that the U.S. Postal Services will deliver the vouchers by First-Class Mail on any specific time frame; I understand that the Vouchers should be treated like cash as they cannot be replaced if damaged, lost or stolen; I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this request; I am liable for payment of any taxes and penalties, federal, state or local, related to expenses claimed or paid that are not eligible expenses under the Plan(s); I may receive notifications by email instead of mail and I understand that I must notify FlexToday in writing to rescind this authorization to send notifications by email; Finally, I understand and agree that FlexToday, Inc. will not be responsible for any late charges or overdraft fees related to this request.

Employee Sign Here	Date Signed
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Pen and Ink or Adobe Electronic Signature required

FlexToday, Inc. • PO Box 16099 • Fresno, CA 93755-6099 • Ph: 559-432-6800 or 800-995-5373
 Claims Fax 1-888-207-2310 • **Secure Claims Portal Link**

You can send claims by fax, mail or electronically (scanned) at the **Secure Claims Portal**. **We do not accept claims by email.** Unidentified files and files executable formats (.exe, .zip, .eml, .com, .net, .html, msg, vbs, etc.) will be deleted without opening or notice and will not be considered a claim submission.

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