



The Diocese of Long Island
**§132 (f) Parking Fringe Benefit
Claim Form**

Benefit Analysis, Inc.

P.O. Box 527
Nutley, NJ 07110-0527

Participant Information and Signature

I hereby certify that this claim does not include any amounts that are reimbursable under any other plan. I also certify that all parking expenses listed on this claim were incurred by me for work purposes and are in accordance with all the provisions of the Fringe Benefit Plan.

Participant Name (please print): _____ Social Security Number: _____

Participant Address: _____ City: _____ State: _____ Zip: _____

☐

CHECK IF ABOVE IS A CHANGE OF HOME ADDRESS

How may we contact you during the day? Email: _____ Phone: _____

Participant Signature: _____ Date: _____

I request reimbursement for the following expenses:

MONTH	PRE TAX PARKING	POST TAX PARKING	POST TAX TRANSIT	PLAN YEAR
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

☐ Submitting Benefit Card substantiation

☐ Did not use Benefit Card for this claim

For more efficient processing, submit the claim via BAI website portal at www.benefitanalysis.com

To submit by mail send to:

Benefit Analysis, Inc.

P.O. Box 527, Nutley, NJ 07110-0527

To submit by fax send to:

973-661-2888

To submit by email send to:

Info@benefitanalysis.com

ONLY ONE METHOD OF SUBMISSION IS NECESSARY

SUBMISSION DEADLINE FOR ACTIVE EMPLOYEES

Employees have 90 days after the plan year end to submit claims for Parking (PKG), Post Tax Parking (PTP), and Post Tax Transit (PTT).

SUBMISSION DEADLINE FOR TERMED EMPLOYEES

Termed employees have 0 days from the date of termination to submit for Parking (PKG), Post Tax Parking (PTP), and Post Tax Transit (PTT).