Group Dynamic Inc.
EMPLOYEE BENEFITS ADMINISTRATION

PARKING
REIMBURSEMENT REQUEST

EMPLOYEE INFORMATION	
Employee Name:	***Last 4 Digits of SSN:***
Employer:	

PLAN PARAMETERS	
Maximum Reimbursement:	$260 per month

QUALIFIED EXPENSES

Start Date	End Date	Receipt (Y/N)	Parking Provider	Amount of Expense

Submit Claims To: **Group Dynamic, Inc.**
Address: 411 US Route One, Falmouth, ME 04105
Email: claims@gdynamic.com **Fax**: 207-518-5200

I request reimbursement for my qualified parking expenses as itemized above. I certify that I incurred these expenses as an employee of the employer named above and that these expenses are not eligible for reimbursement from any other source. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and cannot be claimed as credits or deductions on my personal income tax. I have retained copies of the receipts and documentation enclosed with this request. I understand that materials submitted will not be returned to me.

SIGNATURE:	**DATE**:

If you are submitting a request with NO receipts, a second signature is required below:
Expense certification: I hereby certify that for each expense listed above for which I have not attached documentation verifying the expense, that a receipt or statement was not available as part of the normal business transaction from the provider listed above.

SIGNATURE:	**DATE**:

Reimbursement requests received before 12 Noon (ET) on Tuesday will be processed that week.
Requests received after 12 Noon (ET) on Tuesday will be processed the following week.

Phone: 800-626-3539 **Website**: www.gdynamic.com