



Commuter Accounts (TRN,PKG)

Employee Guide

Employer Name: Deptford Township Board of Education

Plan Dates: 9/1/2021-8/31/2022

Transit

Transit eligible expenses:		<p>Qualified expenses include transit passes, tokens, fare cards, vouchers, or similar items entitling you to ride a mass transit vehicle to or from work. The mass transit vehicle may be publicly or privately operated and includes bus, rail, or ferry.</p> <p>Qualified expenses include those incurred for your transportation between your residence and worksite. Expenses for your spouse or dependents are not eligible.</p>
Transit ineligible items:		Tolls, gas, mileage or other personal commuting expenses. Additional Restrictions may apply.
Plan year dates:	9/1/2021-8/31/2022	The plan year is the time period during which you may incur your expenses. Please note that any used amounts will rollover to the next plan year.
Maximum monthly contribution:	\$270	The maximum amount you can deduct from your paycheck on a monthly basis. Your funds will be available as they are deducted from your paycheck. Additional Restrictions may apply.
Claim run-out dates:	11/30/2022	The day which all of your manual claims must be submitted that incurred during the plan year. Please note that any unused amounts will rollover to the next plan year.

Parking

Parking eligible expenses:		Out-of-pocket parking fees for parking meters, garages and lots qualify.
Parking ineligible expenses:		Parking at or near your home is not an eligible expense. Expenses for your spouse or dependents are not eligible. Additional restrictions may apply.
Plan year dates:	9/1/2021-8/31/2022	The plan year is the time period during which you may incur your expenses. Please note that any used amounts will rollover to the next plan year.
Maximum monthly contribution:	\$270	The maximum amount you can deduct from your paycheck on a monthly basis. Your funds will be available as they are deducted from your paycheck. Additional Restrictions may apply.
Claim run-out dates:	11/30/2022	The day which all of your manual claims must be submitted that incurred during the plan year. Please note that any unused amounts will rollover to the next plan year.

How do I set up an account on FlexFacts.com?

To register for your Flex Facts online account:

- 1 **Click here** or go to www.flexfacts.com > Participant Login > Register
 - 2 Set up your username and password
 - 3 Registration ID: choose 'Employer ID' and enter **GBSDTPBOE**
 - 4 Employee ID: enter your Social Security Number (no dashes)
 - 5 Click "View Terms of Use" and after reviewing, accept the terms and click Next
 - 6 Create your Security Questions and Answers to complete your registration
- + **Receive your reimbursements sooner** by enrolling in Direct Deposit (recommended)-
- ✓ Click on your name near the profile icon (top right corner of the page)
 - ✓ Click Edit near Reimbursement Method
 - ✓ Select Direct Deposit > Edit > enter your bank account information > Save



Once registered, you can submit claims online, access your account information including balances and claims history.

You can download our Mobile App to your Smartphone at the Apple iTunes store (iPhone) or the Google Play Store (Android) by searching for Flex Facts or scanning the QR codes.

To log in, use the same Flex Facts User ID and Password you created during registration.

The app can be used to view account balances, view transaction history and to upload claims by taking a picture from your smartphone.



Google



iPhone

CONTACT US

Toll Free: 877-94-FACTS (32287)

Local: 732-640-5951

Hours of Operation (excluding Holidays)

Monday – Thursday: 8:30 AM - 8:30 PM EST

Friday: 8:30 AM - 5:00 PM EST

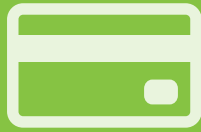
Email: Info@flexfacts.com

Fax: 877-747-8564

Mail: 1200 River Ave, Suite 10E, Lakewood, NJ 08701



FLEXFACTS
a company of grant benefit solutions



When can I use my Flex Facts debit card?

The easiest way to use your funds is by using your Flex Facts debit card at the point of service. The card can be used at any parking or public transportation facility that accepts MasterCard. When you use your card funds are automatically deducted from your account to pay for eligible expenses.

Please note that you should retain all of your receipts. The IRS requires that we request copies of receipts for certain claims. If you are required to send in receipts an e-mail or letter will be sent to you the business day after you use your card.

If you are not able to use your card at the point of service you can file a claim online, by fax or by mail.



How do I file a claim?

Filing Online:

Log into your Flex Facts account, click on the "Claims" tab and choose "My Claim Activity", then click "Submit Claim" and follow the online instructions.

Email:

Email your completed Claim Form and receipts to claims@flexfacts.com

Mail/ Fax:

Complete a Claim Form and send it along with a copy of the receipt/invoice to:

Flex Facts Claims Department
1200 River Ave, Suite 10E
Lakewood, NJ 08701

Fax: 877-747-8564



When will I receive the claim reimbursement?

Manual claims are reimbursed via manual check or direct deposit. It generally takes 7-10 business days from the date the claim is processed, for the check to be received.



To speed up the reimbursement process, you can sign up for direct deposit. Funds are generally deposited into your bank account within 3-5 business days, from the date the claim is processed.



How long do I have to submit claims?

Most plans allow 90 days after plan year end, to submit claims for expenses incurred during the plan year.

Accounts/cards will be deactivated upon termination of any kind. Employees generally have 90 days from date of termination to submit claims for expenses incurred during active participation in the plan.

Refer to your Plan Documents for specific plan details.



Please submit the completed claim form and supporting documents to:

Email: claims@flexfacts.com Fax: 877-747-8564

Mail: 1200 River Avenue, Suite 10E, Lakewood, NJ 08701

Parking Claim Form

STEP 1

Employee Information

Full Name: _____
Last Name First Name Middle Initial

Employer: _____ Last 4 digits of Social Security #: _____

Phone: _____ Email: _____

Address: _____
Address City State Zip

Check here if submitting a Change of Address

STEP 2

Parking Claim

Date of Service**	Provider Name	Amount Requested	Receipt Attached? (Choose Yes/ No)
			Y N (Receipt was not provided for service)
			Y N (Receipt was not provided for service)
			Y N (Receipt was not provided for service)

**The IRS does not permit reimbursement for expenses older than 180 days from date incurred.

STEP 3

Direct Deposit (skip this step if you are already enrolled in direct deposit)

Bank Name	Account #	Routing #	Account Type (Checking/ Savings)

By signing this form, I authorize Flex Facts to initiate debits and/or credits to or from my bank account indicated above. Debits will only be initiated in order to correct a reimbursement error. My authorization will remain in effect until I provide written notification of termination of this authorization or change my direct deposit information online. A reasonable amount of time will be provided for Flex Facts to apply any requested changes.

STEP 4

Employee Certification

By signing this form, I agree to have my benefit account(s) reduced by the amount(s) requested. I certify that the expenses above were incurred by me during the applicable plan year and are eligible for reimbursement under my Plans. (Please refer to your SPD/ Plan Document for information on eligible expenses). I certify that these expenses have not previously been reimbursed by this or any other benefit plan, will not be reimbursed from any other source and will not be claimed as an income tax deduction. I understand that I may be asked to provide further details or documentation.

Employee Signature: X _____ Date: _____

STEP 5

Submit this signed form and copy of required receipt(s)/ bill(s).