



Commuter Accounts (TRN,PKG)

Employee Guide

Employer Name: Deptford Township Board of Education

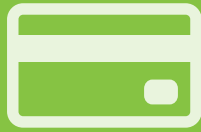
Plan Dates: 9/1/2023-8/31/2024

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:	9/1/2023-8/31/2024	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:	\$300	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:	11/30/2024	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:	9/1/2023-8/31/2024	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:	\$300	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:	11/30/2024	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.



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?

You can file a claim via the following methods:

- **Online** - Log into your Flex Facts account. (See page 3 for instructions on how to register for your Online Flex Facts account)
 - Go to Main Menu > Claims > Submit Claims
 - Follow the prompts to enter the claim details
 - Be sure to click Add Claim Documents to upload a copy of your detailed receipt.
- **Email** - Email your completed Claim Form and detailed receipt(s) to claims@flexfacts.com.
- **Mail** – Mail your completed Claim Form, along with a copy of the detailed receipt(s), to:

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

- **Fax:** 877-747-8564

You can download the Claim Forms at www.flexfacts.com or request a copy from your human resources representative.



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.



View your account balances and card transactions, submit a claim, and much more, right from your computer or smartphone.



Visit www.flexfacts.com > Participant Login > Register or download the mobile app*.



Enter your first name, last name and home zip code. If you received a debit card, check the box and enter your debit card number. Otherwise, click Next.



Choose to receive the verification code via email or text, enter the code, and click Next.

If you cannot receive the code via email or text, click 'I cannot receive a verification code'. If you didn't receive the code, click 'I did not receive my code'. You will be asked to enter:

- Employer ID: enter GBSDTPBOE
- Employee ID: enter your Social Security Number (no dashes or spaces)



Create your username and password, set up your security questions, and confirm your email address. Review and confirm your info to complete your registration.



Sign up for direct deposit to receive your payments sooner.

- On the top right corner of the page, click on Your Name > Profile
- Click Edit under Reimbursement Method
- Select Direct Deposit, enter your bank account information, and click Save



*Download our Mobile App on the [App Store](#) or [Google Play Store](#) to access your account on the go. Use the same Flex Facts User ID and Password when logging into your Flex Facts account via a desktop computer or the mobile app.

CONTACT US:

- Phone: 732-640-5951
- Email: info@flexfacts.com
- Fax: 877-747-8564

HOURS OF OPERATION:

Excluding Holidays:
Monday – Thursday: 8:30 AM - 8:30 PM
EST Friday: 8:30 AM - 5:00 PM EST



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).