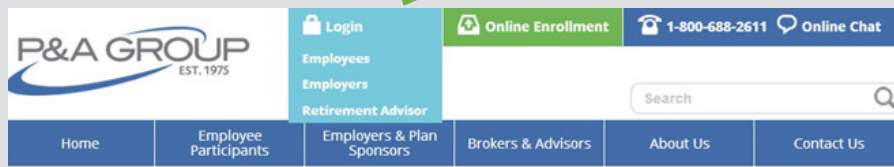


Follow the steps below to submit a claim securely through P&A's online claims system. If you need assistance, please contact a member of P&A Group's customer service team.

PHONE: (800) 688-2611 WEB: [www.padmin.com](http://www.padmin.com) HOURS: Monday - Friday, 8:30 am - 10:00 pm ET.

## STEP 1



Go to [www.padmin.com](http://www.padmin.com). Navigate to the blue login tab at the top of the page and select **Employees**. Enter your username and password and log into your account.

## STEP 2

Under the Quick Links menu, click **Parking Claim Form**.

### Quick Links

- > Benefits Card Order Form
- > Cancel Benefits
- > Claim Form
- > Contact Us
- > Direct Deposit
- > HIPAA/Info Release
- > Make a Payment
- > Modify Profile Information
- > **Parking/Transit Claim Form**
- > Track a Fax/Claim
- > Upload a Claim

## STEP 3

Please enter each month as a separate claim (line item) on the form. Do not exceed the maximum IRS monthly amount per account type. View previously entered claims, click [Here](#). To view a summary of your account(s) click [Here](#). [Return To My Benefits](#)

**Message:** For faster and more secure reimbursements, sign up for Direct Deposit today!

Participant Info: First:  Last:  Address:  City:  St:  Zip:

Receipt #	Service Date	Account	Claim Amount	Notes
Receipt 1	MM/DD/YYYY	Please Select Account	<input type="text"/>	Other
Receipt 2	Service Date	Please Select Account	<input type="text"/>	Other
Receipt 3	Service Date	Please Select Account	<input type="text"/>	Other
Receipt 4	Service Date	Please Select Account	<input type="text"/>	Other
Receipt 5	Service Date	Please Select Account	<input type="text"/>	Other
Receipt 6	Service Date	Please Select Account	<input type="text"/>	Other

Press Next to Continue

1 of 2 [Back](#) [Next >](#)

Enter your demographic information, service date(s) and claim amount(s). Click **Next** to continue.

## STEP 4

Please enter each month as a separate claim (line item) on the form. Do not exceed the maximum IRS monthly amount per account type. View previously entered claims, click [Here](#). To view a summary of your account(s) click [Here](#). [Return To My Benefits](#)

Legal Disclaimer:

- I hereby request reimbursement for the claim amounts
- I hereby certify that the information that I entered is correct and true
- I have not claimed any of the entered claims in another plan or expense report
- I hereby certify that the unreimbursed claim amounts as defined on this form
- I understand the claim amounts will be capped at the IRS limitations and my elected amounts

I Read And Agree With the Above Disclaimer:  No  Yes

Enter the last 4 digits of your SSN:

If you need to void any claims after they have been submitted, please call our customer service professionals at 1-800-688-2611 Ext 315 Monday-Friday 8:30am - 8:00pm ET. **ONLY CLICK THE SUBMIT BUTTON ONCE.**

2 of 2 [Back](#) [Submit Claims \(Only Press Once\)](#) [Reset](#)

Read the disclaimer, enter the last four digits of your Social Security Number and click **Submit**.