



METRO Bus Pass Order Form
 Transit Flexible Spending Account
 Prices effective January 1, 2011

Employer: _____

Employee Name: _____ Employee or Social Security Number: _____

Check here if new address Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

Email: _____ Phone: _____

PLEASE NOTE: Any orders received less than 24 hours prior to the scheduled reimbursement date will be processed on the next scheduled reimbursement date. Orders will only be processed if contributions made cover the total cost of the order. Prices are subject to change based on Southwest Ohio Regional Transit Authority's pricing at the time of purchase.

Select Option	For Month/Year (MM/YYYY)	Metro's Monthly Passes	METRO Cost
		Zone 1 Pass	\$70
		Zone 2 Pass	\$106
		Zone 3 Pass	\$120
		Zone 4 Pass	\$140
		METRO / TANK pass	\$105
		METRO All Zones Pass	\$170
TOTAL AMOUNT CHARGED TO YOUR TRANSIT FSA :			\$

Read Carefully: The undersigned participant in the Plan certifies that orders occurred during a period while the undersigned was covered under the Company's Mass Transit Plan with respect to such expenses. The undersigned fully understands that he or she alone is fully responsible for the validity and accuracy of all information relating to this order which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense. **Orders will not be processed unless all above information is completed.**

Employee's Signature

Date

View your account online at www.CustomDesignBenefits.com and click on **MyFlexOnline** to login.

SEND CLAIMS TO:
Fax: (513) 598-2901 NO COVER PAGE NECESSARY
Email: FlexClaims@CustomDesignBenefits.com
Mail: Custom Design Benefits, Inc.
 5589 Cheviot Road
 Cincinnati, Ohio 45247
Questions? Please call (513) 598-2929 or (800) 598-2929

(FOR OFFICE USE ONLY)

Claim # _____

Denial \$ _____

Administrator Initials