

Commuter Expense Reimbursement Accounts

Transportation Benefit Enrollment Application

www.benefithelpsolutions.com • Ph: 503-219-3679 or 1-888-398-8057

Open Enrollment New Hire Change

Employer Name: _____

Member ID: _____ **Phone #:** _____ - _____ - _____
Your Social Security Number or your unique ID Number assigned by your program sponsor.

Name: _____
Last First M.I.

Address: _____
Street Apt.

City State Zip

Email Address: _____

Benefit Election

Pay Periods / year: 10 12 24 26 52 Other: _____

Effective Date: _____ / _____ / _____

- Transit Passes:** (\$230.00* per month maximum)
 Per Pay Period Amount _____ X Number of Pay Periods _____ = Your Annual Election (Enter this amount here.) \$ _____,_____._____
- Van Pooling:** (\$230.00* per month maximum)
 Per Pay Period Amount _____ X Number of Pay Periods _____ = Your Annual Election (Enter this amount here.) \$ _____,_____._____
- Qualified Parking:** (\$230.00 per month maximum)
 Per Pay Period Amount _____ X Number of Pay Periods _____ = Your Annual Election (Enter this amount here.) \$ _____,_____._____

** You may not elect Transit Passes and Van Pooling benefits for more than \$230.00 per month combined.*

Benefits Card

- Yes, enroll me in a MasterCard Benefits Card. A Benefits Card pays directly from your CERA at the point of service.
 (See page 2 for more details.)

Direct Deposit

Direct Deposit will electronically deposit your reimbursement to your bank account.
 Yes, enroll me in Direct Deposit. Checking Savings Name of Bank: _____

 Transit Routing # (First 9 digits on the bottom of your check) Account #

Participant Authorization

I have read and agree to the terms and conditions on pages 1 and 2 and authorize my employer to reduce my salary on a per pay period basis. I understand that my election cannot be changed or revoked unless I experience a qualifying event. I understand that at the end of the Plan Year, any amount of my salary or wages withheld that has not been reimbursed for commuting expenses will be returned to the employer, unless I enroll the following year, in which case, the funds will roll over to my new account.

Participant Refusal

The benefits of this plan have been thoroughly explained to me and I decline to participate.

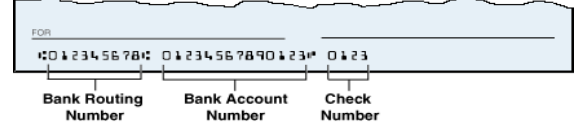
Employee Signature _____ **Date** _____

BENEFITS CARD

The Benefits Card provides direct access to your Commuter Expense Reimbursement Account (CERA), allowing you to pay for eligible health care expenses at qualified locations wherever MasterCard™ is accepted. When you use your Benefits Card, you no longer have to pay for eligible expenses out of your pocket and wait for reimbursement, since money is deducted directly from your CERA account at the time of purchase. You may have to submit supporting documentation.

DIRECT DEPOSIT

By having your CERA transportation expense reimbursement directly deposited into your bank account, you eliminate the hassle of having to go to the bank each time you receive a check. Instead of receiving a reimbursement check in the mail, you will receive a Direct Deposit Remittance Advice. The Remittance Advice will indicate the date your claim was paid, the amount that will be deposited to your bank account and an Explanation of Benefits (EOB). All direct deposits will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account. Should you make any changes to your bank account, such as account closure or change in account number, please notify BenefitHelp Solutions immediately. If there is an interruption in the direct deposit service, you will receive checks for any reimbursement claims paid during that time. You may cancel participation in the direct deposit program at any time.



IRS AND OTHER REQUIRED TERMS & CONDITIONS

- ACCEPTABLE FSA PLAN TERMS:** I agree to abide by the terms, conditions and provisions of the Plan contained in the Company's Plan Document. I acknowledge my right to examine the Plan Document or obtain a copy from my Human Resources department.
- RESPONSIBILITY:** I acknowledge that the Internal Revenue Code permits me to claim reimbursement only for my tax deductible expenses incurred after the effective date of my CERA elections and I assume full responsibility for all taxes, penalties, interest or other consequences which may be assessed to me by any state, federal or other governmental taxing authority as a result of my requesting and receiving reimbursement from the CERA for disallowed expenses. I understand that I may make a new CERA election based on anticipated expenses. The new election must be made prior to the date on which the new expenses/coverage becomes effective.
- PLAN MODIFICATION:** I have been informed that the CERA offered by my employer may be modified from time to time and I agree that my employer may cancel or amend the CERA according to their independent judgement and discretion without my consent or prior notice to me.
- SOCIAL SECURITY:** I choose to participate in the CERA knowing that my salary reduction elections may reduce my FICA withholdings (Social Security) and that this may reduce my Social Security benefits upon retirement.
- FORFEITURE:** I understand that I must claim reimbursement for eligible expenses incurred during the plan year for which I was an active participant, within 180 days from the date on which the expense is paid, not to exceed the plan's runout period as stated in my Summary Plan Description. If any unused amounts remain in my account(s) these amounts will be forfeited.
- BENEFITS CARD:** If it is determined that the Benefits Card paid for an ineligible expense, I will either refund my account the amount of the ineligible expense or offset the ineligible expense with an eligible expense. I understand that if I do not provide supporting documentation as required, my Benefits Card may be deactivated until my account is settled. By declining to order a Benefits Card at Open Enrollment or when first offered, I may not be able to order one until the next Open Enrollment period.