

HR Concepts, LLC

"Your Third Party Administrator of Choice"

Parking & Transit Reimbursement Account Enrollment Form

First Name: _____	Last Name: _____	SS#: _____
Street Address: _____	City: _____	St: _____ Zip: _____
Phone #: _____	Email Address: _____	
Company Name: _____	EE Effective Date on plan: _____	
1 st Payroll Deduction Date: _____ Deductions Left for the Plan Yr: (if not beginning of plan year) _____		

I authorize my employer to make the following pre-tax reductions from my paycheck according to the elections I have chosen below. These elections can be modified from time to time in accordance with company policy.

(PLEASE CHECK THE BOX FOR THE ACCOUNTS YOU WANT TO ENROLL IN AND FILL IN THE AMOUNTS BELOW)

PARKING REIMBURSEMENT ACCOUNT

Monthly Election for my Eligible Parking Expenses for work: \$ _____

Annual Election for my Eligible Parking Expenses (Multiply monthly amount by 12): \$ _____

The Amount Per Pay Period Reduced From My Check for This Account. \$ _____
(How many payrolls do you have this plan year? _____) (Annual Amount / # of Payrolls)

TRANSIT REIMBURSEMENT ACCOUNT

Monthly Election for my Eligible Transit Expenses for work: \$ _____

Annual Election for my Eligible Transit Expenses (Multiply monthly amount by 12): \$ _____

The Amount Per Pay Period Reduced From My Check for This Account. \$ _____
(How many payrolls do you have this plan year? _____) (Annual Amount / # of Payrolls)

BICYCLE REIMBURSEMENT ACCOUNT

Monthly Election for my Eligible Bicycle Expenses for work: \$ _____
(Max of \$20/month)

(I understand that my election is based on the eligible expenses allowed by the IRS. Any expense that I submit for or am reimbursed for that isn't an eligible expense, I will hold my employer and HR Concepts not responsible for its payment; any question on eligible expenses should be determined before submission of claim or use of your VISA. Final determination will be made by my employer. If I am reimbursed for expenses that were not eligible, I authorize my employer to deduct this amount from my paycheck.)

I understand that I cannot change my election during the plan year unless I request it in writing and my employer allows it. Claims must be incurred within the plan year that I'm seeking reimbursement from. If I do not utilize all of the monies set aside into this account, then this amount will rollover to the next plan year. My social security benefit may be reduced by this election. I will have up to 90 days beyond the end of the plan year to submit claims that I incurred during the plan year.

Employee Signature: _____ Date: _____ Accepted By Employer: _____



Flex Plans • HSA's • Commuter Plans • HRA's • Dental Plans • COBRA

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