



## Qualified Transportation Benefit (QTB) Enrollment Kit

- Significant savings
- 24/7 web access
- Fast, efficient, convenient
- The benefit that benefits everyone



# The QTB Plan

## A Qualified Transportation Benefit (QTB)

is an employee benefit plan established under IRC Section 132, and it allows you to pay for commuting expenses with pre-tax dollars.

You'll save money by reducing your taxable income. The QTB amount you elect will be subtracted from your gross income. Federal, state and FICA taxes are then calculated on the lower amount. When you incur an eligible expense, you'll receive reimbursement from the funds you've set aside from your paycheck.

A QTB means more money in your pocket! Look at the example below to see exactly how much you can save in one year!

	QTB Plan	No QTB Plan
Annual Income (before taxes)	\$24,000	\$24,000
Pre-tax Parking Contribution	\$3,000	\$0
Pre-tax Transit Contribution	\$1,560	\$0
Taxable Income	\$19,440	\$24,000
Estimated Taxes (15% Federal)	\$2,916	(\$3,600)
Parking Expenses	\$0	\$3,000
Transit Expenses	\$0	\$1,560
Available Income	\$16,524	\$15,840
<b>Estimated Savings = \$684</b>		

## QTB Plan Components

Planning ahead is important when signing up for your company's QTB Plan. You must estimate your expenses for the upcoming year carefully before enrolling in this benefit.

### Parking Component:

A Parking account can reimburse you for daily work-related expenses, such as parking lot fees and parking at a location for access to mass transit or van pooling sites.

### Transit Component:

A Transit account can reimburse you for expenses related to mass transit fees, such as subway and train tokens and passes, bus and ferry fares, and van pooling expenses.

Bridge tolls, road tolls, gasoline and expenses incurred by your spouse or dependents are not eligible expenses. Be sure to budget for Parking and Transit expenses separately. Elections to and reimbursements from these accounts cannot be blended. Typically, any amounts remaining in your accounts at the end of the Plan year will be rolled forward to the next Plan year.

## Know the Details

We recommend that you re-enroll in the Plan each year; however, you may adjust the amount of your election during the Plan year as needed. Election changes are permitted on the first day of each month only.

The IRS sets maximum annual limits for both parking and transit accounts. These limits are indexed each year. In addition, monthly limits apply. Your monthly contributions cannot exceed the monthly allowable amount and, in any given month, you cannot claim more than the monthly allowable amount.

Plan Level minimums and maximums apply! The total amount you elect will be deducted from your pay in equal installments each pay period.

## Claims Processing and Customer Service



### Filing a Claim:

Submit your claims online to receive the fastest reimbursement for an eligible out-of-pocket expense. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the important and detailed instructions found directly on the form. Reimbursement Request forms and required documentation can either be mailed or faxed for processing.

Claims deadlines apply. Be sure to carefully read your Summary Plan Description (SPD) to understand the terms and deadlines associated with your Plan.

### Customer Service:

Most of your questions can be answered by visiting the website. If you prefer to speak with a customer service representative, call 800-327-7130 Monday-Thursday from 8am EST to 5pm EST and Friday from 9am EST to 5pm EST. You can also email our Customer Service department at [lbs.customerservice@lifetimebenefitsolutions.com](mailto:lbs.customerservice@lifetimebenefitsolutions.com).

### Go Direct or Go Green

Receive your reimbursement quicker, and avoid the \$30 check minimum and a trip to the bank by completing a Direct Deposit form online.

Provide or update your email address online and help us go green. You'll receive only plan related information such as account statements, claim related information and Request for Information (RFI) letters (for Card participants).

### Mobile App

Our mobile app enables you to easily and securely access your health care spending accounts. You can view account balances and detail, submit claims, and capture and upload pictures of your receipts anytime, anywhere on iPhone, Android or tablet devices.

### Web Access

View your account online 24/7 via [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com).

#### While online, you can:

- Submit claims for reimbursement
- View claims history
- Sign up for Direct Deposit
- Check your available balance
- Access forms such as Direct Deposit, Certification of Medical Necessity, Release of Information and various Reimbursement Request forms
- Enter your email address to receive important Plan related materials
- Use our online services, such as our online calculator to estimate your out-of-pocket expenses and our online eligible expense listing

To access your account online, visit [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com) and click on the Participants link. Select Reimbursement Accounts: FSA/HRA/HSA/QTB then click on the green login button. For detailed instructions on how to view your account online, click on the link for Login Directions to Your Reimbursement Account located under the green login button. Your initial username will be your social security number (or whatever identifier your employer provides). Your password will be the first letter of your first name (lower case) followed by your five digit zip code.







## ► Parking & Transit Enrollment Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_

Qualified Transportation Benefit Election	Per Pay Period Amount	Total Annual Amount	# Pays Per Year
<input type="checkbox"/> Parking Expense Election	\$	\$	
<input type="checkbox"/> Public Transportation Election	\$	\$	

Effective Date of Election (Must be the first day of the month): \_\_\_\_\_

Changes to election are only permitted on the first day of each month.

*Maximum annual limits are set by the IRS and are subject to indexing.*

### Direct Deposit Election (Complete this section if you want Direct Deposit of your reimbursements)

Type of Account (Check one):  Checking  Savings

Name of Bank: \_\_\_\_\_

Transit ABA Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

### Participant Authorization—Return signed for to your Employer.

By submitting this form, I hereby elect to participate in my Employer's Parking and/or Transit Plan and agree to have my compensation reduced by the contributions indicated above for the Plan year. As a participant, I understand that:

- The only type of parking that is eligible for tax-free reimbursement from this Plan is qualified parking on (or near) the employer's facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee's residence, it is not eligible for tax-free reimbursement.
- A public transportation pass means any pass or similar item which entitles the employee to transportation provided such transportation is on mass transit facilities.
- Monthly limits apply. I cannot defer more than the allowable monthly maximum in one month, and I cannot be reimbursed more than the monthly maximum in one month.
- I will pay the Employer for any tax liability or penalties it incurs if I am reimbursed for an expense that is not a qualified expense.
- My elections will continue, unless I cease or change them by completing a new Election Form and returning the Form to my employer. Election changes are permitted on the first day of each month only.
- If I provide incorrect direct deposit information, and corrective transactions are required, my account will be charged a \$25 processing fee.
- Unless using the Health Spending Card, my reimbursements will be made to me by submission of Parking & Public Transportation Reimbursement Request Form (either the paper form or online), along with supporting receipts. Any unused amount, by law, will be carried forward to the next election period, or forfeited.
- I will keep copies of all documents submitted to Lifetime Benefit Solutions for my own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of my receipts beyond the current Plan year.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ▶ Reimbursement Request Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Claimant Name	Date of Service	Amount	Plan Code*	Type of Service/Item Purchased	# of Miles	Claim Ref #
<i>John Sample</i>	<i>10/1/2014</i>	<i>\$ 150.25</i>	<i>F</i>	<i>Doctor visit copay</i>	<i>12</i>	<i>Example</i>
		\$				01
		\$				02
		\$				03
		\$				04
		\$				05
		\$				06

Use one of the Plan Code's below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, Lifetime Benefit Solutions will process the reimbursement based on the rules established by your employer. For example, if you have both an FSA and HRA account, and your employer has identified the FSA as the "pay first" account, your expenses will be applied to your FSA until the balance is depleted with any additional expenses applied to your HRA.

*Plan Code	Plan Code Description
F	Flexible Spending Account (FSA) or Limited Purpose FSA: Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form
H	Health Reimbursement Account (HRA) or Retiree Reimbursement Account (RRA)
P	Parking Account (cannot claim miles associated with Parking)
T	Transit Account (cannot claim miles associated with Transit)
I	Individual Insurance Policy Premiums
M	To submit for medical mileage associated with Debit Card transactions. You will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the Debit Card.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

- **Mail to:** Lifetime Benefit Solutions, Claims Dept, PO Box 680, Liverpool, NY 13088 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.

# Reimbursement Request Instructions

## For All Account Types (FSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing you may be able to submit your claims online at [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com).
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the receipts to correspond to the Claim Ref #.
- If you have more items than the form can accept, use additional forms.
- Do not “lump” or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- Lifetime Benefit Solutions can only process claims that are properly submitted. Claims that are not properly submitted may be delayed or denied.
- Retain a copy of the Reimbursement Request Form and receipts for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard week-day business hours.
- Mail OR fax (but not both!) completed form with required documentation to:  
**Lifetime Benefit Solutions Claims Dept.**  
**PO Box 680**  
**Liverpool NY 13088**  
**Fax # (877) 256-7228**

## Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essential to medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- Lifetime Benefit Solutions will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

## Medical Claims for FSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized bill showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts or cancelled checks.
- The IRS states that Over-the-Counter (OTC) items classified as drugs and medicine are only eligible if they are accompanied by a doctor’s prescription.
- Use Plan Code M to report medical mileage associated with a Debit Card transaction. For example, if you drove 20 miles to a doctor’s appointment, and paid your copayment amount with the Debit Card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

## Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

## Parking/Transit Claims

- Receipts are not required as long as page one of this form is properly completed and separate claims are itemized on separate claim lines.
- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer’s facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee’s residence, it is not eligible for tax-free reimbursement.

## Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period, and policy number.





## ▶ Direct Deposit Authorization Form

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

### Please check one:

Set up New Direct Deposit     Change Direct Deposit     Cancel Direct Deposit

### Direct Deposit Election:

Type of Account (Check one):     Checking     Savings

Name of Bank: \_\_\_\_\_

Transit ABA Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

### Participant Certification

By submitting this form, I hereby authorize Lifetime Benefit Solutions to deposit my reimbursements directly into the bank account indicated above and, if necessary, to withdraw amounts from the account in order to adjust for any amounts erroneously deposited. This authorization will remain in effect until Lifetime Benefit Solutions receives written notice from me of its termination. The set up process is approximately 10 business days.

Please retain a copy of this form for your records.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Mail to:** Lifetime Benefit Solutions, FSA/HRA Dept, PO Box 680, Liverpool, NY 13088 or
- **Fax to:** 877-256-7228.
- Call **Customer Service** with questions at 800-327-7130.









[LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com).