



▶ 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): _____

Parking and Transit rates are found in the *Recent Industry News* section at www.lifetimebenefitsolutions.com

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: _____