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MASS TRANSIT AND PARKING ELECTION FORM

You are required to complete this election form at the beginning of each Plan Year.
A new election form should also be completed if you require a change to your monthly election amount(s).

Plan Year _____ Company Name _____

Part A. Employee Information (All Fields Are Required)

Name _____ Date of Birth _____ Date of Hire _____
Address _____ City, State, Zip _____
Social Security # _____ Phone Number _____
Email _____

Part B. Elections (Please elect one or more of the following options)

Transit Pre-tax Monthly Election _____ Plan Year _____ Monthly Limit _____

Transit Post tax Monthly Election _____

Parking Pre-tax Monthly Election _____ Plan Year _____ Monthly Limit _____

Parking Post tax Monthly Election _____

Part C. Direct Deposit

As an enrolled participant you can sign up to receive Manual Claim Reimbursements via direct deposit. Please include a copy of a voided check with this enrollment.

Part D. Plan & Cardholder Agreement

I understand that:

1. I will be issued a benefits card associated with my transit account. There is no card setup, maintenance, or standard mailing fee. A \$15 charge will be assessed for lost or stolen cards that need to be cancelled and reissued. A \$10 expedited shipping charge is applicable if rush shipping is selected.
2. I am enrolling in a qualified plan and a description of the plan has been made available to me. I must use the funds I have elected to my reimbursement account(s) exclusively for qualifying parking, mass transit and/or van pooling expenses incurred by me to travel to and from my place of employment. Upon my termination of employment, I will have a grace period to submit claims for reimbursement. Any funds remaining in my reimbursement account(s) at the end of the grace period will be forfeited.
3. My elections must remain in effect on a month to month basis. If I wish to increase or decrease my monthly election amount, I must submit a new claim for by the cutoff date established by my employer.
4. The pre-tax elections are limited to IRS maximums which are determined each year and are subject to Section 132 rules. Any post-tax elections are deducted from my payroll after taxes and will be used to compliment my pretax deduction for point-of-sale transactions.
5. My out-of-pocket expenses must be incurred while I am an eligible participant to be considered for reimbursement.
6. I cannot itemize and deduct my out-of-pocket expenses again on my IRS form 1040 for any accounts in which I am enrolled.

I hereby authorize my employer to deduction from my salary, or other compensation, the required contributions for the amounts I have elected above. I agree to comply with the terms and conditions of the plan.

Employee's Signature _____ Date _____

Accepted and agreed to by (Employer's Signature) _____ Date _____