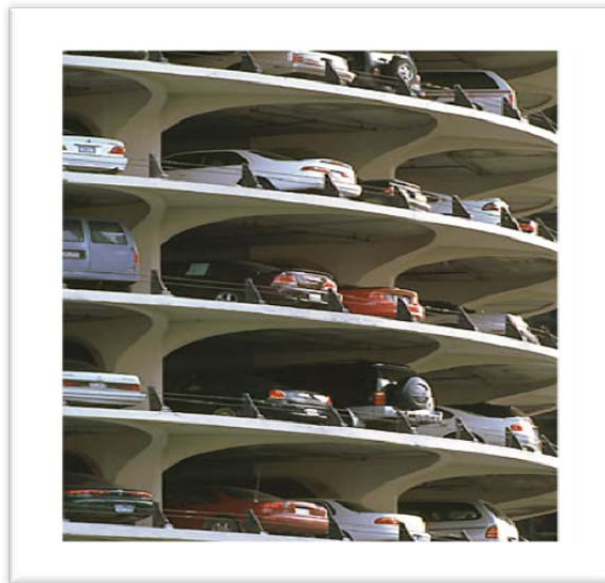




125 West Orchard Street
Itasca, Illinois 60143-1764

Phone: (630) 773-2337 - Fax: 630-775-8568 - E-mail: Questions: support@bbpadmin.com
Claims: claims@bbpadmin.com

Transit Account Enrollment Kit



Current Pre-tax Limits

Mass Transit - \$260 per month

Parking - \$260 per month

Please read through this Transit Kit carefully so you know how you make your Transit Election or use your BBP Benefits Card for Transit Expenses for the next plan year.

HOW DOES THE PROGRAM WORK?

Transit Accounts (TRA) allow employees to pay for mass transit or parking expenses on a pre-tax basis. The below example shows the tax advantage of these plans:

	<u>Employee with TRA</u>	<u>Employee without TRA</u>
Semi-monthly Gross pay:	\$2,000	\$2,000
<u>Transit contribution:</u> (subtract)	<u>\$100</u>	<u>\$0</u>
Taxable Income:	\$1,900	\$2,000
<u>Taxes:</u> (subtract)	<u>\$482</u>	<u>\$507</u>
Net pay:	\$1,418	\$1,493
<u>Transit expenses:</u> (subtract)	<u>\$100</u>	<u>\$100</u>
Money left:	\$1,318	\$1,393
<u>Transit Reimbursement:</u> (add)	<u>\$100</u>	<u>\$0</u>
Money left:	\$1,418	\$1,393
SAVINGS TO EMPLOYEE:	\$25.00 (for this paycheck alone)	
	\$600.00 (for the year - assuming 24 paychecks)	

The Transit Participant benefits by not paying taxes on the transit expenses that are incurred. It creates an immediate 25.37% tax savings for employees in the lowest tax bracket. Further explanation of how the program operates is outlined on the following pages.

More Benefits for Less Money

Sound too Good to be True?

Congratulations! Your employer is offering you a Transit Account as part of your benefits package.

A TRA allows you to set aside pre-tax dollars to pay for mass transit or parking.

Start Saving Today with a TRA!

With a TRA, you can save 25% or more on mass transit or parking. You are already commuting to work, why not save some money in the process.

PROGRAM SPECIFICS – Mass Transit

Your employer will be using the BBP Transit Debit Card for their pre-tax transit program. The BBP Card should always be used as a credit card when asked to use the card as debit or credit.

The BBP Mass Transit account can be used for bus, train, ferry and carpooling services (Carpooling services must be provided by a qualified car pool provider – Call BBP for more info). Expenses may include passes, tokens, fare cards, vouchers, or similar items.



Transit Parking – Employees that pay for parking at a mass transit service parking lot can also open a parking transit account to pay for their parking pretax. For most transit parking, you will not be able to use the BBP card, but you can submit your claims online or by fax/e-mail to BBP to be reimbursed by check or direct deposit.

MASS TRANSIT/ADDITIONAL INFORMATION, LIMITATIONS & RULES

- 1. Monthly Election** – The Mass Transit limitation is governed by the IRS. Please refer to the first page of this kit for current limits.
- 2. Changes to Election** – Your employer allows you to make monthly changes to your mass transit account. You will need to complete a form to make changes.
- 3. Claim Form** – You must use the BBP debit card for Mass Transit. BBP cannot reimburse you back for Mass Transit for any reason.
- 4. Commuter Lot Parking** – This is a separate election and account. You can elect an additional amount for this account. Most commuter lots do not take debit cards or issue receipts. By using the BBP claim, for you will just complete the calendar of days that you parked to claim your money. If you use a Village lot that takes a debit card, but you have to pay quarterly, again you will not be able to use the BBP Card and will just need to submit your quarterly receipt to BBP for payment.
- 5. Loss of Money** – You cannot lose money in the mass transit account while an active employee. The money will roll-over from month to month. However, if you terminate employment, any money left in the account will revert back to your employer.
- 6. Taxable Income** – See above. Your transit account is pre-tax, but if you terminate employment and pay for monthly transit you are required to report the amount used while not working as taxable income. For example, you pre-fund your mass transit account for March and terminate on March 15th. The remaining 16 days should be reported as income as you were not actively at work for those days.

PROGRAM SPECIFICS – Parking

Your employer will be using the BBP Transit Debit Card for their pre-tax transit program. The BBP Card should always be used as a credit card when asked to use the card as debit or credit.



Transit Parking – this form of parking is mentioned on the previous page.

Debit Card Parking – Employees that drive to work and pay for parking can use the BBP card to pay at their parking lot of choice. If you pay for monthly parking, simply give the parking lot your BBP debit card number or if you pay daily, simply use your BBP debit card to pay for the parking daily up to the current monthly limit.

Parking Claim Form – Employees that drive to work do not need to use the BBP debit card to pay for parking.

- If you are already paying for a monthly parking pass, you can simply submit a recurring claim to BBP one time at the beginning of the year. BBP will then process your claim monthly by sending you a check or direct depositing the money into your bank account on file.
- If you are paying for parking daily, simply submit a claim form with your receipts to BBP and once processed, you will be reimbursed by check or direct deposit. Please note, you cannot submit a recurring claim for daily parking.

PARKING/ADDITIONAL INFORMATION, LIMITATIONS & RULES

1. **Monthly Election** – The Parking limitation is governed by the IRS. Please refer to the first page of this kit for current limits.
2. **Changes to Election** – Your employer allows you to make monthly changes to your parking account. You will need to complete a form to make changes.
3. **Parking** – There have been almost no problems with a BBP card to pay for parking. From time to time, a parking lot uses a different merchant code that BBP will need to add so your card can work. If you have a problem, please call (630) 773-2337 and BBP will solve the problem.
4. **Commuter Lot Parking** – See following page.
5. **180 Day Rule** - The IRS requires that all receipts be submitted within 180 days after the parking is incurred. For example, if it is December 1 the farthest you are allowed to go back and submit claims is July 4.

EMPLOYEES WHO CEASE PARTICIPATION FORFEIT UNUSED AMOUNTS TO THEIR EMPLOYER. Therefore, it is advised that you submit claims on a timely basis. This rule will have three significant impacts: (1) You are only allowed to submit receipts within 180 days of incurring the parking, (2) You are only allowed to be reimbursed up to the IRS monthly limit, and (3) Your termination date is the last date you are allowed to be reimbursed for parking. Therefore, if you cease employment on January 31 and money has already been deducted from your paycheck, you are only allowed to reclaim money up to January 31.

6. **Loss of Money** – You cannot lose money in the parking account while an active employee. The money will roll-over from month to month. However, if you terminate employment any money left in the account will revert back to your employer.
7. **Taxable Income** – See above. Your parking account is pre-tax, but if you terminate employment and pay for monthly parking you are required to report the amount used while not working as taxable income. For example, you pre-fund your parking account for March and terminate on March 15, the remaining 16 days should be reported as income as you were not actively at work for those days.

SHOULD YOU PARTICIPATE?

Do you dislike paying Taxes?

Yes ___ No ___

Do you commute to work?

Yes ___ No ___

HOW DO YOU ELECT TO PARTICIPATE?

1. Determine your monthly mass transit and parking costs.
2. Complete the election form.

What if I have a question about my reimbursement or my account in general?

Questions regarding your transit reimbursement account can be directed to BBP at (630) 773-2337 and support@bbpadmin.com

Finally, you can view your account 24/7 online by visiting:
www.mywealthcareonline.com/bbp

FREQUENTLY ASKED QUESTIONS

THE MASS-TRANSIT & PARKING EXPENSE REIMBURSEMENT PROGRAM

Q: What is considered a qualified mass-transit or parking expense?

A: Pre-taxed dollars can be used to pay for mass-transit to and from work or for parking at or near an employer's facility, and/or a facility from which an employee commutes to work by transit, carpools or vanpools. It does not include parking on or near an employee's residence.

Q: What if I cease employment?

A: Your participation in the mass-transit & parking program will cease. No further contributions or reimbursements will be made from your account. You will be able to request reimbursement of any unused monies that have been withheld from your paychecks for months you were working at your employer and were an active member of the transit account.

Q: Who do I contact with questions about these accounts?

A: The mass-transit & parking expense reimbursement program is being administered by Better Business Planning. Questions regarding eligible transit expenses, qualified reimbursements, etc. can be directed to BBP at (630) 773-2337.

Q: Will the money be forfeited if not used?

A: Unused reimbursements *will not* be forfeited while you are an active participant in the account and an active employee. They can be carried forward but in no way can they be returned to the employee as taxable income. Similar to other tax savings programs, all unused dollars go back to the employer if you terminate your account or employment.

Q: Can I join at any time, or stop participating in either of these programs mid-year?

A: For administrative purposes, it is advisable to make your election based on your anticipated monthly expenses. However, changes to the election amount, or participation itself, can be made monthly.

Q: Must I enroll again each year?

A: Once you are enrolled in either program, payroll deductions will be made until you request they be stopped. This is a voluntary benefit and your needs may change. changes can be made on a monthly basis.

Q: Can I transfer funds from my parking account to my mass transit account and vice versa?

A: Employees must elect an amount to contribute for mass transit expenses and a separate amount to contribute for parking expenses – separate accounts are maintained for each category and funds cannot be commingled or transferred between accounts (for example, funds cannot be transferred from the mass transit to the parking account).

Transportation Program Reimbursement Request Form

Complete this Reimbursement Request Form each time you submit eligible expenses under the Transportation Program. The *"Itemization of Transportation Expenses"* on the reverse side of this form must be completed in order to receive reimbursement.

Mail, Fax, or Email Completed Claim Form with your Substantiation to:

Better Business Planning - 125 West Orchard Street - Itasca, IL 60143
 Phone (630) 773-2337 – Fax (630) 775-8568 – E-mail: claims@bbpadmin.com

Proper documentation is required along with your completed form. Reimbursement requests are processed weekly. Please provide adequate time for mailing, faxing, or emailing. You should maintain a copy of your completed form along with your receipts for your personal records. If you have questions regarding your claim, contact BBP at (630) 773-2337

Personal Information

Name (First, Middle Initial, Last)		Last 4 digits of SS#	Parking Location
Home Telephone Number	Office Telephone Number	E-mail Address	



Check this box if you are submitting a recurring claim.

Reimbursement Request

Total Expenses Claimed		\$	
For the Period		To	
<p>Combine the total of all expenses on Page 2 of this reimbursement request. Also enter the first and last day of the period for which you have itemized expenses. Eligible expenses include the cost of parking your car near a work facility or parking at or near a mass transit facility, when incurred as part of your commute to work. Residential parking expenses are prohibited under this program. Expenses incurred by your spouse or children are not reimbursable through this program. Eligible Van Pool expenses may also be included in your request. Include copies of your receipts to substantiate your reimbursement request.</p>			

I certify the transportation expenses for which I have claimed reimbursement have been incurred by me for eligible commuting expenses. I further certify these expenses cannot be reimbursed through any other source; that I have not and will not deduct these expenses on my federal income tax returns. I have provided documentation, for reimbursement under this program. If my expenses were incurred at a meter or honor-box facility, and a receipt is not available, I certify the expense was incurred as claimed. I understand I may be required to provide documentation of my expenses upon request of the Internal Revenue Service, and agree it is my sole responsibility to maintain this documentation.

Signature _____

Date _____

Re-enter Your Personal Information (only if mailing)

Name (First, Middle Initial, Last)	Employer Name:
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Itemization of Transportation Expenses. Complete the appropriate section(s) below. If expenses were incurred at a meter or honor-box facility, your certification on the reverse of this form serves as adequate documentation. All other claims must be substantiated by receipts, which clearly identify the parking facility, date service was rendered, and the total parking fee.

Daily Parking Expenses. Complete the table below, entering the amount of the expense incurred for each date for which you are claiming reimbursement. Please complete a separate form for each month for which you are claiming reimbursement.

Date	Amount of Expense	Date	Amount of Expense	Date	Expense Claimed
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	
Total Daily Parking Expense					\$

Monthly Parking Expenses. Complete the table below, entering the amount of the expense incurred for each period for which you are claiming reimbursement.

Period Covered	Parking Facility Name	Parking Facility Location	Expense Claimed
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total Monthly Parking Expense			\$

Other Transportation Expenses. Clearly identify the nature of the expense. Receipts are required. Tipping cannot be reimbursed under this program. Separate expenses by month; do not combine multiple months on a single line.

Month Covered	Other Transportation Expense	Expense Claimed
Total Other Transportation Expense		\$



Employer Name: _____

Commuter Benefits Enrollment Form - Benefit Plan Year

This form must be completed & given to HR/Payroll by _____

Employee Name: _____

New enrollees only – Please complete all fields below. View your account at www.mywealthcareonline.com/bbp once you have been enrolled.
Current participants only – Please login to your account at www.mywealthcareonline.com/bbp to make any updates to your account information below. Then, skip to Step 2.

Step 1:

Employee Address: (Address, City, State, Zip) _____

Social Security Number: _____ Date of Birth: _____

E-Mail Address: _____ Telephone: _____

Step 2:

	Annual Election Amount	# of Pay Periods	Per Paycheck Amount	
<input type="checkbox"/> Parking	\$ _____ (\$260 Monthly Maximum)	÷ _____	= \$ _____	_____ Name & Location of Parking Facility
<input type="checkbox"/> Mass Transit:	\$ _____ (\$260 Monthly Maximum)	÷ _____	= \$ _____	_____ Name & Type of Mass Transit (Train, Bus, Boat/Ferry, Carpool/Uber/Lyft)

DIRECT DEPOSIT INFORMATION (for Parking claims only and if available to your group – mass transit claims are not reimbursable, you must use your Benefits Card). To expedite your payment, please provide us with your direct deposit information. (There is a \$25 fee to reissue a direct deposit – please refer to one of your checks for your account and routing numbers and NOT a deposit slip)

Bank Name: _____

Account #: _____ Routing #: _____

I understand that, by making the above election for coverage, the costs for the coverage(s) that I elect will be deducted from my compensation on a pre-tax basis. Any previous election and Agreement under the Plan relating to the same Benefits, including any prior Election Formal Compensation Reduction Agreement, is hereby revoked.

Election to Cease Participation under the Transportation Fringe Benefit Plan

I elect to cease participation in the Plan. I understand that my Employer will cease my payroll deductions for the Plan as soon as practicable.

Elections Can Only Be Changed Monthly for Future Months

I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Election Form/Compensation Reduction Agreement prior to the first day of the next month. My employer allows election changes monthly.

Additional Terms

I agree that my Compensation will be reduced by the amount of my required contribution for the Transportation Benefits I have elected under the Plan, and that such Compensation Reductions will continue for each pay period until this Agreement is amended or terminated. Also, I understand that:

- Compensation reductions under this Agreement reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes.
- Amounts remaining in my Transportation Account after reimbursing my Transportation Expenses for the month will be carried over to reimburse me for Transportation Expenses in a subsequent month; however, if I cease to participate in the Plan (for example, because of termination of employment), amounts remaining in my Transportation Account after reimbursement will be forfeited back to my Employer.

By signing this form I agree to the terms and procedures listed herein.

Employee's Signature: _____ Date: _____