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## Transit Account Enrollment Kit



The Pre-tax Limits for Mass Transit and Parking are set by the IRS and change year-to-year – please contact us to confirm the amount.

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
<b>SAVINGS TO EMPLOYEE:</b>	\$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 for their pre-tax transit program; below will explain how to use the BBP to pay for mass transit expenses. The BBP Card should always be used as a credit card when asked to use the card as debit or credit.

**Mass Transit** – either use the BBP Debit Card is applicable or purchase your mass transit ticket and submit a claim to get a direct deposit or check sent to your home address.

Please go to [www.clippercard.com](http://www.clippercard.com) to learn more about the mass transit system. Please remember your transit needs are up to you, BBP merely is the administrator that reimburses you back for these services.

**Carpool/Uber/Lyft** – needs to be a qualified car pool provider. Call BBP for more info.

**Transit Parking** – Employees that pay for parking at a train or bus parking lot can also open a parking transit account to pay for their parking pre-tax. 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 contact us 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 can only 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 form 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 15<sup>th</sup>. 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 Commuter Benefits Debit Card for their pre-tax program. Below will explain how to use the BBP card to pay for parking expenses. 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.

**Monthly 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.

**Daily 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 parking daily you can simply submit a claim form with your receipts to BBP. BBP will then process your claim once the claim is submitted and will reimburse your claim by sending you a check or direct depositing the money into your bank account on file. 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 contact us 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 a 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](mailto:support@bbpadmin.com)

The screenshot shows the homepage of the Better Business Planning Inc. portal. At the top right, there are links for "Register" and "Login". The main header features the company logo and the tagline "Better benefits | Better people". Below the header, there are navigation tabs for "My Accounts" and "Enrollment". A prominent yellow notification banner at the top states: "Notification: On Monday July 22, 2013, Better Business Planning, Inc will be updating security software that will require you to set up new security questions, pictures, and pass-phrases. You will not need to change your username or password. This is being done to better protect your personal data and improve your overall experience with the benefits portal." Below the notification, the page is titled "Welcome to BBP Portal" and includes a paragraph explaining the site's purpose: "Through this site, you can manage your benefit accounts all in one place, view transaction history, submit claims online, view your communication history and take advantage of other services. Before you can access your account, you must register with the site and create a username and password." The page is divided into three main sections: 1. "Navigation" with links for "Contact Us" and "About Us". 2. "Login" with a "Username:" field and a "Continue" button. 3. "Contact Info" with "Phone: 800-724-7668" and "Email: support@bbp-dac.com". Below the "Welcome to BBP Portal" text, there are three call-to-action buttons: "Register" (with text: "If you have not registered for the site (created a username and password), please do so now."), "Log in" (with text: "If you have registered and you would like to access your account, please log in by clicking the button above."), and "Contact US" (with text: "Have a question, then feel free to contact us."). Each button is accompanied by a small image of business professionals.

Finally, you can view your account 24/7 online by going to:  
<https://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 parking 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.

## 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:** BBPadmin -  
125 West Orchard Street - Itasca, IL 60143  
Phone (630) 773-2337 – Fax (630) 775-8568 – E-mail [claims@BBPadmin.com](mailto: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	
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.			

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	
<b>Total Daily Parking Expense</b>				\$	

**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			
<b>Total Monthly Parking Expense</b>			\$

**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
<b>Total Other Transportation Expense</b>		\$



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](http://www.mywealthcareonline.com/bbp) once you have been enrolled.  
**Current participants only** – Please login to your account at [www.mywealthcareonline.com/bbp](http://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: \_\_\_\_\_