COMMUTER BENEFITS EMPLOYER APPLICATION

I. EMPLOYER INFORMATION

Employer Name:		Tax ID #:	
Business Structure:		State Organized In:	
Mailing Address:	City:	State:	Zip:
Street Address (if different):	City:	State:	Zip:
Telephone:	Fax:		
Are there any Affiliated Companies that are also eligible for this benefit? ☐ Yes ☐ No			

II. IMPORTANT CONTACT INFORMATION

Contact Name	Phone #	Email	Type of Contact (check all that apply)
			☐ Primary ☐ Secondary ☐ Enrollment ☐ Billing
			☐ Primary ☐ Secondary ☐ Enrollment ☐ Billing
			☐ Primary ☐ Secondary ☐ Enrollment ☐ Billing
			☐ Primary ☐ Secondary ☐ Enrollment ☐ Billing

Broker Agency:			Phone #:
Broker Contact Name	Phone #	Email	Type of Contact (check all that apply)
			☐ Primary ☐ Secondary ☐ Account Manager ☐ Producer
			☐ Primary ☐ Secondary ☐ Account Manager ☐ Producer

III. PLAN ELIGIBILITY

Please enter the requirements in order for an employee to be eligible for this plan below, as well as some information on how many employees are employed, and eligible.

Hours worked per week:	Length of employment:
Total # of employees:	Total # eligible:
Will you require your reporting to be listed by division? ☐ Yes ☐ No *If **yes**, list the name for each division:*	

IV. PLAN DESIGN

Please complete the below section fully to ensure accuracy of plan setup.

1. Original Effective Date of Section 132 Plan:	
2. Plan Year:	
3. Will this be a short plan year? ☐Yes ☐No	**3A.** If 'Yes' indicate next plan year:

Transit Reimbursement Accounts	
☐ Standard Transit VISA Card	Allow Post-Tax Payroll Deductions: ☐Yes ☐No
☐ Regional Corporate Pass Program *(ex: MBTA, SmarTrip, Clipper Card)*	
☐ Employer Contribution: $_____	

Parking Reimbursement Accounts	
☐ Standard Parking VISA Card	Allow Post-Tax Payroll Deductions: ☐Yes ☐No
☐ Regional Corporate Pass Program (SmarTrip Only)	
☐ Employer Contribution: $_____	

V. Payroll Information

Payroll Cycle: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly	
1st Payroll Deduction in new plan year:_____	Number of Payroll deductions this year: _____

VI. Enrollment Method

☐ Online Enrollment through HRCTS System ☐ Excel Spreadsheet ☐ Paper Enrollment Forms
☐ Internal Online Enrollment System (with direct feed to our SFTP; setup required)

VII. FEES AND SIGNATURES

Please review this application carefully, then please read and sign that you agree to the below fees.

Setup Fee: $	PEPM Fee: $	Monthly Minimum Billing: $
Annual Renewal Fee: $	PEPM Fee: $	Monthly Minimum Billing: $
Combined Account Fees: $		
There will be a funding deposit required for this account administration. The amount is determined after initial enrollment and is the equivalent of two months' deductions or $2,000 whichever is greater.		
Fee Comments:		

Authorized Signer's Name (print)	Title	Date
Signature:		

Contact Sales: Monday – Friday 8:00AM-5:00PM EST

(603) 647-1147 Option 4 (866) 978-7868 Sales@hrcts.com