



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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>* Reminder: Shareholders that are 2% owners of Sub-S corporations, C- corporations' owners not taking a W-2, partners and LLC members are taxed individually. Therefore, a shareholder is not an employee and is not eligible to participate in the Commuter Benefits. Similarly, the spouse, parents, children, and grandchildren of 2% or more owners can't participate in the Commuter Benefits.</p>			

II. IMPORTANT CONTACT INFORMATION

Contact Name	Phone #	Email	Type of Contact (check all that apply)	Portal Access
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Enrollment <input type="checkbox"/> Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Enrollment <input type="checkbox"/> Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Enrollment <input type="checkbox"/> Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Enrollment <input type="checkbox"/> Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No

Broker Agency:			Phone #:
Broker Contact Name	Phone #	Email	Type of Contact (check all that apply)
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Account Manager <input type="checkbox"/> Producer
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Account Manager <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	3A. If 'Yes' indicate next plan year:

Transit Reimbursement Accounts	
<input type="checkbox"/> Standard Transit VISA Card	Allow Post-Tax Payroll Deductions: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Regional Corporate Pass Program with MBTA	
<input type="checkbox"/> Smart Commute Pass Program -select all that apply	
<input type="checkbox"/> New York <input type="checkbox"/> Chicago <input type="checkbox"/> San Francisco <input type="checkbox"/> Washington D.C.	
<input type="checkbox"/> Employer Contribution: \$ _____	

Parking Reimbursement Accounts	
<input type="checkbox"/> Standard Parking VISA Card	Allow Post-Tax Payroll Deductions: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Employer Contribution: \$ _____	

V. Payroll Information

Payroll Cycle (check all that apply): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	
1 st Payroll Deduction in new plan year: _____	Number of Payroll deductions this year: _____

VI. Enrollment Method

<input type="checkbox"/> Online Enrollment through HRCTS System	<input type="checkbox"/> Excel Spreadsheet	<input type="checkbox"/> Paper Enrollment Forms
<input type="checkbox"/> Internal Online Enrollment System (with direct feed to our SFTP; setup required)		
<input type="checkbox"/> Employee online election changes allowed. What day of the month do you want changes by? _____		

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: \$
It is the employer's responsibility to manage and upload all contributions made via payroll to the HRCTS System to initiate the deposit into the individual's account.		
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