



Parking & Transit Employer Application

Part I. Employer Information

Employer Name: _____			
Mailing Address: _____	City: _____	St.: _____	Zip: _____
Street Address (if different): _____	City: _____	St.: _____	Zip: _____
Telephone: _____	Fax: _____	Tax Id #: _____	
Primary Point of Contact: _____	Phone Ext: _____	Email: _____	
Secondary Point of Contact: _____	Phone Ext: _____	Email: _____	
Billing Point of Contact: _____	Phone Ext: _____	Email: _____	

Part II. Plan Description

Original Effective Date of Parking & Transit Plan: _____	Plan Effective Date: _____
Parking Reimbursement Accounts	
Standard Parking VISA Card	Monthly Employer Contribution: \$ _____
Transit Reimbursement Accounts	
Standard Transit VISA Card	Regional Corporate Pass Program (<i>ex:MBTA</i>): _____
Monthly Employer Contribution: \$ _____	
Allow Post Tax payroll reductions:	Yes No
Additional Plan Information: _____	

Part III. Eligibility

Parking Reimbursement Accounts Hours: _____	Length of Service: _____
Transit Reimbursement Accounts Hours: _____	Length of Service: _____
How Many Employees Are Eligible: _____	Total Number of Employees: _____

For Internal Use Only	Plan is: ST G	AE: _____
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Part IV. Tax Filing Information

Business Structure (Ex: S Corp, C Corp, LLC:)	_____	State Organized in:	_____
Is this a controlled group:	Yes	No	(If yes, fill in below)
(Controlled group means the majority owner of the company also owns another company as majority owner)			
Employer Name:	_____	Number of Employees:	_____
Address:	_____	City:	_____ State: _____ Zip: _____
Tax ID#:	_____	Business Structure:	_____ State Organized in: _____

Part V. Payroll Information

Payroll Cycle:	_____	Employee First Payroll Date:	_____
<i>*Please note: payrolls should only be withheld for the same number of pay periods per month. (Biweekly: first 2; weekly: first four) Deductions should not be taken when there is an additional pay period so that the monthly maximum is maintained.</i>			

Part VI. Signatures and Fees

Broker: _____

Setup/Installation Fee: \$	_____	Account Fee: \$	_____
Annual Renewal Fee: \$	_____	Account Fee: \$	_____
<i>*Please Note that there is a minimum billing of 12 participants per month</i>			
Comments:	_____ _____		
Authorized Signature of Employer	_____		
	Title: _____	Date:	_____

Internal Comments	S	R	A
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