



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: _____ |
|------------------------------|---------------------|-----------|



Part IV. Tax Filing Information

| | | | |
|---|---------------------|----------------------|------|
| Business Structure (Ex: S Corp, C Corp, LLC:) | | State Organized in: | |
| Is this a controlled group: Yes No <i>(If yes, fill in below)</i> | | | |
| <i>(Controlled group means the majority owner of the company also owns another company as majority owner)</i> | | | |
| 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 |
|-------------------|---|---|---|