



## Parking and Transit Reimbursement Account Enrollment/Change Form

First Name: _____	Last Name: _____	SSN: _____ - _____ - _____
Street Address: _____	City: _____	State: _____ Zip: _____
Phone #: _____	Email Address: _____	
Company Name: _____	Effective Date on Plan: _____	
Please Check One:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change of Election

I authorize my employer to make the following pre-tax reductions from my paycheck according to the elections I have chosen below. These elections can be modified in accordance with company policy.

**(Please check the box for the Accounts you want to enroll in and fill in the amounts below)**

### Parking Reimbursement Account

**Monthly** Election for my Parking Expense for work: \$ \_\_\_\_\_

*\* Please note any amount above the IRS limits will be contributed Post-Tax*

### Transit Reimbursement Account

**Monthly** Election for my Transit Expense for work: \$ \_\_\_\_\_

*\* Please note any amount above the IRS limits will be contributed Post-Tax*

*As of 1/1/2016, IRS regulations surrounding Transit Plans require the Visa Card provided by HRCTS must be used to access Transit funds where accepted. No cash reimbursement will be provided if the merchant being utilized does not accept Visa Cards with terminal ID technology. Please note, some merchants have certain terminals that will accept HRCTS' Visa Card while other terminals for the same merchant will not, you will need to locate those terminals that will work for these merchants. HRCTS does not have control over where the card is accepted.*

(I understand that my election is based on the eligible expenses allowed by the IRS. Any expenses that I submit for or are reimbursed for that isn't an eligible expense, I will not hold my employer and HRC Total Solutions responsible for its payment; any questions on eligible expenses should be determined before submission of claim or use of my VISA. Final determination will be made by my employer. If I am reimbursed for expenses that were not eligible, I authorize my employer to deduct this amount from my paycheck.)

I understand that I cannot change my election during the plan year unless I request it in writing and my employer allows it. Claims must be incurred within the plan year that I'm seeking reimbursement from. If I do not utilize all of the monies set aside into this account, then this amount will rollover to the next plan year. My social security benefit may be reduced by this election. I will have 180 Days from the date of service or 90 days from end of the plan year to turn in the claim. (Manual claims are not allowed for transit expenses)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Accepted by Employer: \_\_\_\_\_