

# Participation Form for the Transportation Reimbursement Incentive Plan

Plan Year Effective: \_\_\_\_\_ through \_\_\_\_\_

Employer Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employee Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_  
street city state zip code

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work phone ( \_\_\_\_\_ ) \_\_\_\_\_

First Payroll Effective Date \_\_\_\_\_ Paycheck Frequency \_\_\_\_\_ Dept. \_\_\_\_\_

## Qualified Parking Expense Reimbursement Program

- ☐ I elect to allocate \$\_\_\_\_\_ (before tax) per pay period, which is \$\_\_\_\_\_ per year, for funding reimbursement of qualified parking expenses.  
(Maximum reimbursement amount per month is \$260.00 for Calendar Year 2018)

## Qualified Transit Pass/Commuter Highway Vehicle Reimbursement Program

- ☐ I elect to allocate \$\_\_\_\_\_ (before tax) per pay period, which is \$\_\_\_\_\_ per year, for funding reimbursement of qualified transit passes or commuter highway vehicle expenses.  
(Maximum reimbursement amount per month is \$260.00 for Calendar Year 2018)

Reimbursement Process: The Employee may request reimbursement for Eligible Transportation Expenses by submitting a completed Request for Reimbursement Form. Along with the reimbursement form, the employee must submit evidence of such payment (parking receipt, used transit pass, etc.) and was in fact incurred by the Employee.

### In signing this agreement, I understand that:

1. I can change or revoke my election of this Salary Reduction Agreement prior to the first day of any month. Such election shall be effective the first pay period after the employer processes the change.
2. The Program Administrator may redirect or cancel my salary reduction or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.
3. The redirection in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefit programs maintained by my Employer.
4. If I have any funds in my Account at the time I terminate employment, any amounts not applied for Eligible Transportation Expenses incurred prior to the termination will be forfeited.
5. I will be using the benefit exclusively for parking expenses incurred for any parking on or near the business premises of the Employer, on or near a location from which I commute to work, and/or for my regular daily direct commute from home to work and return.
6. My Social Security benefits may be slightly reduced.

**THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S TAX-FREE TRANSPORTATION PROGRAM AS AMENDED FROM TIME TO TIME AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDIRECTION AGREEMENT RELATING TO SUCH PROGRAM.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **FlexTRIP Transportation Reimbursement Incentive Plan**

*This summary describes the basic features of the FlexTRIP program offered by your Employer; how it works, and how you can receive the maximum benefit from it.*

## **What is the purpose of the program?**

To allow you to set aside pre-tax dollars from your paycheck to pay for the parking and mass transit expenses you incur while traveling to and from work. This arrangement benefits you because the funds you elect are pre-tax, which saves you Federal and Social Security taxes on the amount of your salary reductions.

## **Who is eligible for the TRIP plan?**

All regular full- and part-time employees are eligible to enroll in the TRIP plan.

## **What expenses are eligible for reimbursement?**

Eligible expenses include:

- Bus fares / Train tickets / Ferries
- Van pooling charges (at least six passengers)
- Parking fees at commuter lots
- Parking fees for lots at or near your office location
- Parking meters at or near your office location

Only expenses incurred by you directly are eligible for reimbursement under this program. Employer paid expenses or subsidies are not eligible. You will be required to substantiate your expenses through submission of receipts, when a receipt is provided within the normal course of business.

## **What expenses are not eligible for reimbursement?**

- Expenses incurred by your dependents and/or spouse
- Gas
- Tolls

## **What are the maximum reimbursement levels allowed?**

For 2018, the maximum monthly reimbursement amounts allowed under the Internal Revenue Service are as follows:

- \$260 per month for parking
- \$260 per month for mass transit, including van pooling

In other words, you can contribute up to \$520 per month for your combined out-of-pocket transportation expense; however, the maximum reimbursable amount applies to each category as previously stated. There is no minimum monthly deduction amount.

## **What amounts will be available for reimbursement at any particular time?**

The amount that is available for reimbursement of qualified transportation expenses at any particular time during a one-month period will be equal to the amount credited to your TRIP account at the time your claim is paid, reduced by the amount of any prior reimbursements already paid to you.

## **Will I have my own account?**

If you elect to participate in the TRIP program, an account will be set up in your name to keep a record of the reimbursements you are entitled to, as well as the pre-tax deductions you have paid during the program year. Your TRIP account is not funded (all reimbursements are paid from the general assets of the Employer), and it does not bear interest.

## **Can I change the amount of my contribution?**

Yes. Because individual situations can change from month to month (vacation, holidays, new work location) the TRIP program allows you to change your election when needed.

*Changes made during the month will be effective on the 1<sup>st</sup> of the following month. (example: If you make a change May 15<sup>th</sup>, your change in election is effective June 1<sup>st</sup> and will be included in your first paycheck in June).*

## **Can I continue to use the TRIP program if I am not actively at work?**

No. You may be reimbursed for expenses incurred only while you are actively working at your Employer. If you are on a leave of absence you are encouraged to stop your deductions during the period you are not actively working. You can resume your deductions when you return to work.

## **What happens if my employment ends or I stop being eligible for other reasons?**

If your employment is terminated or if you cease to be an eligible employee, your active participation in the program will cease, and you will not be able to make any more contributions. You may continue to submit transportation expenses incurred during the period of time you were employed and covered by the TRIP program, but any claims submitted for expenses incurred after you stop working will be denied.

# ***FlexTRIP* Transportation Reimbursement Incentive Plan**

## **What if I don't have any expenses during one month?**

The amount of money you have deducted from your pay and deposited into the TRIP will continue to be deducted until you reduce or stop your contribution amount. Any unused money will roll over to subsequent months.

However, even if you have extra money available, the monthly reimbursable limits stay the same. Additionally, unlike other reimbursement account plans (FSA health care and dependent care), you do not have to use your contributions within the same calendar year as they will roll over to the next year.

## **When are transportation expenses "incurred"?**

For transportation expenses to be reimbursed, they must have been *incurred* during a month for which an election is in force. A transportation expense is *incurred* when the service that gives rise to the expense is provided.

You may not be reimbursed for any transportation expense arising before the program became effective, before your election became effective, or for any expense incurred or paid after a separation from employment.

## **What must I do to be reimbursed for my transportation expenses?**

When you incur an expense that is eligible for payment, you must submit a claim to, Davevic Benefit Consultants, Inc., on a *TRIP Request for Reimbursement Form*. You must include bills, invoices, statements from an independent third party, parking receipts, used transit passes or other evidence of payment showing the amounts of such payments. In addition, Davevic Benefit Consultants may request you include other documentation showing that the transportation expenses have been incurred or paid, and the amount of such transportation expenses. In the event that receipts are not available (such as for parking meters) you must certify on the reimbursement form that you incurred the expenses.

## **How can I obtain a reimbursement form?**

Forms are available by logging onto the Davevic website at [www.davevic.com](http://www.davevic.com) and selecting the TRIP claim form. You may also call the Davevic Benefit Consultants customer service number at 1-800-854-4099 to request a form.

## **What are the deadlines for filing claim forms?**

You have until **90 days** after the end of the year to submit claims for the previous year. However, you are encouraged to mail or fax your claims on a monthly basis.

Note: You do not have to use your contributions within the same calendar year as they will roll over to the next year.

## **How long will the TRIP plan remain in effect?**

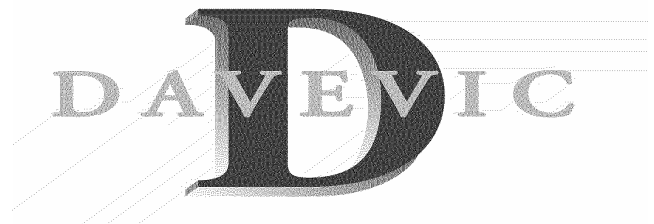
Although your Employer expects to maintain the program indefinitely, it has the right to amend or terminate all or any part of the program at any time for any reason. It is also possible that future changes in state or federal tax laws may require that the program be amended accordingly.

## **When would I risk forfeiting my TRIP balance?**

If you have any funds in your TRIP account at the time you terminate employment or stop being eligible for any other reason, any amounts not requested to be reimbursed for transportation expenses incurred prior to the termination or ineligibility will be forfeited. All amounts described as forfeited shall be forfeited to the Employer.

## **Who should I call if I have questions?**

Contact your Human Resource department for any enrollment or deduction questions. For account or reimbursement questions, please contact Davevic Benefit Consultants, Inc. via our website, at [www.davevic.com](http://www.davevic.com) or calling our customer service number at 1-800-854-4099.



# Tax-Free Transportation Program Request for Reimbursement Form

Employer \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ New address? ☐ Yes ☐ No

## QUALIFIED PARKING EXPENSE

Name of Parking Facility	Month Service Incurred	Address of Parking Facility	Amount Incurred*
<b>Total Amount:</b>			

\*Monthly amount cannot exceed indexed amount. Indexed amount for 2018 is \$260.00

## QUALIFIED TRANSIT PASS/COMMUTER HIGHWAY VEHICLE EXPENSE

Name of Transit Provider	Month Service Incurred	Expense Description	Amount Incurred*
<b>Total Amount:</b>			

\* Monthly amount cannot exceed indexed amount. Indexed amount for 2018 is \$260.00

**\*\*You must attach a receipt/statement from the parking facility or transit provider showing amount and dates of service.**

The undersigned participant in the Program certifies that all expenses for which reimbursement is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employer's Tax-Free Transportation Program with respect to such expenses and that all expenses for which reimbursement is claimed by submission of this form were incurred for any parking on or near the business premises of the Employer, on or near a location from which participant commutes to work, and/or for regular daily direct commute from home to work and return. The undersigned understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under this Program, the undersigned may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Program which relate to such expense.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**You may copy this form if additional forms are needed.**

Fax or mail to: 724-458-4464  
Davevic Benefit Consultants, Inc., 902 South Center Street  
P. O. Box 976, Grove City, PA 16127