



PLAN & EMPLOYEE INFORMATION

First Name _____ Last Name _____ Social Security Number _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Email' _____ Date of Birth ____/____/____
Employer Name _____ Plan Year _____

ELECTION INFORMATION

I hereby elect to participate in my employer's Transit and Parking Flexible Spending Account as indicated below:

MASS TRANSIT SPENDING ACCOUNT

The IRS 2012 monthly maximum is \$125*.

\$ _____
PER PAY PERIOD

PARKING SPENDING ACCOUNT

The IRS 2012 monthly maximum is \$240*.

\$ _____
PER PAY PERIOD

*The monthly maximum is set by the Internal Revenue Service and subject to change consistent with IRC section 132(f) guidelines. The annual limits are released by the IRS late in the year. Check our website for updates.

REIMBURSEMENT INFORMATION

WageWorks, formerly Planned Benefit Systems will process your reimbursements according to the banking method we currently have on file, either check or direct deposit*. If you have never enrolled before, you will receive checks for your reimbursements. If you would like to make a change, you must submit a completed Reimbursement Authorization Agreement, which can be found on our website at www.pbs.us.com. Your reimbursement method will remain in effect until an updated authorization form has been received and processed. To ensure your claim is paid using the method of your choice, it is advisable to submit changes well before submitting a request for reimbursement.

Direct deposits normally take 2 business days from the date of initiation. Bank holidays/weekends may affect when the deposit is credited to your account. Please contact your bank to verify all deposits are received. If you provide us with your email address we will inform you each time a Direct Deposit is initiated. Direct Deposits cannot be posted to debit or credit cards. Any direct deposit remitted by WageWorks and not rejected by your bank is deemed a valid reimbursement and will not be adjusted. There may be a \$25 fee to reissue lost/stolen checks.

*Direct deposit is not offered as an option under all plans. If your plan does not offer direct deposit, a check will always be issued for your reimbursements.

EMPLOYEE AUTHORIZATION

I have reviewed and understand the Terms and Conditions on the following page of this form and as outlined in my employer's Transportation Summary Plan Description.

EMPLOYEE SIGNATURE: _____

DATE: _____

*****This form must be returned to your employer*****

TERMS AND CONDITIONS

¹ **Email:** By providing your email address, you agree to receive Employee Benefit Plan correspondence electronically. WageWorks does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@pbs.us.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the WageWorks Customer Service Department or by visiting our website at www.pbs.us.com. WageWorks reserves the right to utilize an email address that may be provided to us by your employer.

Qualifying Mass Transit and Parking Expenses

I understand that reimbursement will be available only for “qualifying mass transit and parking expenses” for me, as listed under Section 132(f) of the Internal Revenue Code. These expenses must be incurred while I am enrolled in the Plan. I also agree to repay the Plan on demand by way of check or payroll deduction for any expense for which I have been reimbursed that is not allowed under Section 132(f) of the Internal Revenue Code. This includes purchases made with my *Benefits Card*. I agree to notify the Plan Sponsor or WageWorks if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I further acknowledge that I am responsible for keeping all receipts verifying all eligible expenses claimed under the Plan and must submit such receipts to WageWorks for claims substantiation as required.

Participation Rules

I understand that reimbursement account eligibility, enrollment, and benefits information is available from my Plan Sponsor. I authorize payroll deductions for the benefits elected on this form. I understand that I am able to change my election amount, based on my fluctuating transportation expenses, subject to my employer’s schedule. Any amounts remaining in the account(s) represented by this Election Form at the end of the Plan Year, past the claims filing limit will be rolled over into the following plan year. Expenses incurred prior to my plan enrollment date are not eligible for reimbursement.

This agreement is subject to the terms of the Plan Document as amended and in effect at the time, 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 salary reduction agreement relating to such plan.

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