

# Commuter Benefits

As fuel costs continue to be high, employees are looking for ways to save on their commutes to work. Transportation Reimbursement Accounts are a valuable employee benefit as they help employees save time and money when they use public transit for their commute to work. Plus, they help save the environment.

## Qualified Transportation Accounts (QTAs) – What are they?

QTAs allow employees to set aside pre-tax funds used for eligible transit and parking expenses related to **commute to work, governed by IRC Section 132. If the participant has both a parking account and a transit account**, each account is entirely separate, and funds cannot be transferred from one to the other. Transit and/or parking benefits are limited to employee expenses only: reimbursement is not allowed for spouse or dependent transit or parking expenses.

## Elections and Spending

- IRS sets maximum monthly pre-tax deduction and spending and adjusts annually, these limits reflect the maximum allowed pre-tax contribution and reimbursement amounts per calendar month.
- 2022 limits are:
  - **Transit Passes or Commuter Highway Vehicle – \$280/month**
  - **Parking – \$280/month**
- Unused amounts can be carried over
- Contributions are available for reimbursement based on payroll deduction cycle (like Dependent Care)
- The employee can track account activity on the Consumer Web Portal

## How the Benefits Card Works with Commuter Benefits

The Card maintains separate accounts or “purses” of pre- (and post-) tax money for parking and transit and **directs the card transaction to the appropriate purse based on the Merchant Category Code (MCC) at the point of sale.**

And if the participant already has a WEX Health Payment Card for other accounts, such as FSA, HRA, or HSA, the commuter benefits account(s) can be stacked on the same Card. The Card cannot be used at alternative outlets, such as restaurants and grocery stores.

The amount of available funds on the card must cover the entire mass transit or parking expense or the transaction will be declined. The participant may split the cost by swiping their Card for the exact available amount and then pay for the remaining amount with an alternate form of payment.

## Using the Card for Parking

When the participant uses the Card for parking expenses, there's no paying cash up front, no claim forms to fill out and no waiting for reimbursements.

The Card helps with qualified QTA expenses such as parking expenses for any type of vehicle at or near the participant's work location or at or near a location from which the participant commutes using mass transit.

## Using the Card for Transit

The Card can be used for mass transit passes, tokens, or fare cards purchased at a valid transit fare terminal.

## Benefits to Participants

The Card program offers the following advantage for the participant:

- **Tax Savings** – The IRS allows a monthly maximum of \$270 for transit and \$270 for parking per month to be deducted from an employee's pay before taxes, which can mean substantial tax savings.
- **Ease of Use** – The Benefits Card is easy to understand, convenient and provides an automatic way to pay for qualified transit expenses.
- **Flexibility** – Participants are able to use a secondary form of payment when the purchase exceeds their monthly election.

# Transportation Enrollment

Employer \_\_\_\_\_ **Division (if applicable)** \_\_\_\_\_

Employee name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Payroll Frequency  **Weekly (52)**  **Biweekly (26)**  **Semimonthly (24)**  **Monthly (12)**  Other

Date of hire \_\_\_\_\_ **Effective date** \_\_\_\_\_ Payroll start date \_\_\_\_\_

## Benefit Election Authorization or Waiver

**I elect the following coverage under my employer's Transportation Fringe Benefit Plan (Plan) and authorize my employer to make the indicated deductions from my paycheck (less any employer contributions) on a pre-tax basis (amount divided among monthly payroll deductions):**

Benefit Elections	Transportation details	Deduction amount (per month)
<b>Qualified Parking</b> (amount subject to statutory maximum as determined by IRS)	Name of entity providing parking _____ Location _____	\$ _____
<b>Transit Pass and Commuter Highway Vehicle (CHV)</b> (combined per month amount subject to statutory maximum as determined by IRS)	Name of entity providing Transit Pass _____ <b>Name of entity providing CHV</b> _____	\$ _____

### Cancellation of previous election

I elect to discontinue participation in the Plan and direct my employer to stop my payroll deductions as soon as practicable.

By signing below, I understand that:

- I am authorizing my employer to reduce my compensation by the amount specified per month.
- Any election changes I wish to make must be made on a new Enrollment Form, will be prospective only and will be made by my employer as soon as practicable.
- My election will be revoked upon termination of employment or if my eligibility ceases for any reason.
- Pre-tax deductions reduce my compensation for Social Security tax purposes and may reduce my Social Security benefits as a result.
- Any amounts remaining in my account after reimbursing my eligible transportation expenses for a month will be carried over to a subsequent month. If I stop my Plan participation, any amounts remaining in my account after reimbursing my eligible transportation expenses will be forfeited.
- I also revoke any previous Plan election and replace such election with this election (if applicable) and certify that I will use any Plan benefits only for the purposes of commuting to and from my place of employment.

I authorize Infnisource, Inc. to initiate credit/debit entries for Transportation Fringe Benefit Plan claims reimbursement to the listed bank/institution into the account specified.

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

Isolved Benefit Services has incorporated the HIPAA Privacy Requirements to reflect our organization's business practices regarding your coverage.

### Transportation Reimbursement Form

Employee name \_\_\_\_\_ ID or SS # \_\_\_\_\_ Employer \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Home address \_\_\_\_\_  
Number/Street City State Zip

Please check if this is a new address

- **Qualified Parking** covers parking on or near the employer’s business premises or at a location from which the employee commutes to work.
- **Transit Passes** are tokens, fare cards, passes, vouchers, etc., used for transportation on mass transit facilities or provided by any person in the business of transporting persons for compensation or hire in a highway vehicle carrying at least 6 adults (excluding driver).
- **Vanpooling** is transportation in a commuter highway vehicle provided by an employer for travel between the employee’s home and place of employment.

Date of Service From m/d/y to m/d/y	Provider Name	Type of Expense Please provide as one of the following: Qualified Parking, Vanpooling, Bicycle Commuting or Other	Amount of Reimbursement Request
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			
/ / to / /			

Total: \_\_\_\_\_

**PLEASE NOTE:** Receipts are required for reimbursement of all expenses, unless a receipt is not provided in the ordinary course of business (e.g., metered parking) and you certify by your signature below to the type and amount of expenses incurred. Your employer has the right to refuse reimbursement if there is reason to doubt your certification.

I certify that:

- The statements and representations in this Reimbursement Form are complete and true.
- I am requesting reimbursement solely for the purposes of my own commuting to and from work.
- The services listed above occurred on the dates indicated.
- Expenses listed are qualified expenses under my employer’s Transportation Fringe Benefit Plan (the Plan).
- These expenses have not been reimbursed and are not reimbursable under another plan.
- These expenses have not been reimbursed previously under this Plan.
- I authorize a deduction in my account in the amount of the reimbursement requested.
- The provider where I am receiving these services from only allow cash reimbursement.
- The Benny Card declined when trying to purchase my transportation.
- The provider does not accept Benny Card nor vouchers.

\_\_\_\_\_  
Employee signature (You must sign this form to be reimbursed.)

\_\_\_\_\_  
Date

**Claim confirmation:** You can easily view your claim status 24 hours a day, 7 days a week at [www.isolvedbenefitservices.com](http://www.isolvedbenefitservices.com). If you choose to mail your claim, please do not fax the same claim. Claims may be faxed to 800-379-5670. Keep the fax confirmation for your records. If faxed, allow 48 hours before checking the website or calling for the status of your claim.