



181 South Franklin Avenue, Suite 202
Valley Stream, NY 11581
Ph: (212) 947-4800 ext 215
Fax: (516) 620-0789
fsa@rpgconsultants.com

**FSA – MASS TRANSIT/PARKING REIMBURSEMENT
COMPENSATION REDUCTION AGREEMENT**

Company Name

Plan Year _____

Name: _____ E-Mail: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Social Security Number: _____ DOH: _____ Effective Date: _____
Home phone: _____ Work phone: _____

Pay frequency:

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly
- Other _____

Do you elect to participate in the **Mass Transit/Van Pool** Expense Reimbursement account? Yes No
Per pay-period Reduction: \$ _____

Do you elect to participate in the **Parking** Reimbursement account? Yes No
Per pay-period Reduction: \$ _____

Do you want to order a benefits card associated with your account? Yes No
There is no card setup, maintenance, or standard mailing fee. A \$15 charge will be assessed for lost or stolen cards that need to be cancelled and reissued. A \$40 expedited shipping charge is applicable if rush shipping is selected.

I understand that:

- I am enrolling in a qualified plan and a description of the plan has been made available to me. I must use the funds I have elected to my reimbursement account(s) exclusively for qualifying parking, mass transit and/or van pooling expenses incurred by me to travel to and from my place of employment. Upon my termination of employment, I will have a grace period to submit claims for reimbursement. Any funds remaining in my reimbursement account(s) at the end of the grace period will be forfeited.
- My elections must remain in effect on a month to month basis. If I wish to increase or decrease my monthly election amount, I must submit a new claim form by the cutoff date established by my employer.
- My out-of-pocket expenses must be incurred while I am an eligible participant to be considered for reimbursement.
- I cannot itemize and deduct my out-of-pocket expenses again on my IRS Form 1040 for any accounts in which I am enrolled.

I hereby authorize my employer to deduct from my salary, or other compensation, the required contributions for the amounts I have elected above. I agree to comply with the terms and conditions of the plan.

Employee's signature: _____ Date: _____

Employer's signature: _____ Date: _____