

# Commuter Benefit Plan

Savings for your workplace mass transit and parking expenses

Enrolling in a commuter benefit plan saves you money each month, PLUS our convenient options and tools make it easy.

## Are you paying more taxes than you need to?

By enrolling in a commuter benefit plan, you can pay for qualified workplace mass transit and parking expenses with tax-free contributions, meaning that you will not pay federal income taxes, social security (FICA) taxes, or state income taxes (may vary by state) on these expenses. When you enroll in the plan, you will indicate how much you want to contribute to your Mass Transit and/or Parking Account.

## What are eligible commuting expenses?

Qualified workplace commuting expenses must be for mass transit and/or parking expenses incurred between a residence and place of employment. Qualified mass transit expenses include: buses, trains, subways, ferries and vanpools. Qualified parking expenses include parking expenses incurred near your workplace or a location from which you commute to work (e.g. park-and-ride).

## How do I determine my election amount?

When enrolling in a commuter benefit plan, you will need to make separate elections for your monthly qualified expenses for mass transit and/or parking.

The maximum tax-free amount you can contribute to each account is limited by the IRS, and is subject to change each year. For current tax-free maximums, please refer to your plan documentation or visit [www.BenefitResource.com](http://www.BenefitResource.com).

When using the Beniversal® or eTRAC® Prepaid Mastercard®, your election should equal your total monthly expenses. This will ensure your card is fully funded for purchases. Any amount exceeding the tax-free limits will be taken on an after-tax basis.

Once your payroll deductions begin, they will be posted to the corresponding account and will then be available to use for qualified workplace commuting expenses related to that account.



## Tax Savings Example

Monthly commuter expense	\$125.00
Monthly tax savings (Federal, State, FICA)	\$37.50
Annual tax savings	\$450.00

The figures above are for illustration purposes only. Actual savings and tax rates may vary.

Calculate your personalized tax savings at [www.BenefitResource.com](http://www.BenefitResource.com)

## Key Information

- A commuter benefit plan is an employee benefit offered by your employer in accordance with Section 132(f) of the Internal Revenue Code.
- Plan funds must be used for qualified commuting expenses. Improper use of funds could result in plan restrictions or termination of the plan.
- Your election(s) will remain in effect until an election change is submitted. Check with your employer on how and when changes must be submitted.
- Unused cash balances will be carried forward to be used for future qualified expenses for that account. Excess cash balances cannot be refunded from an account and can only be used for qualified expenses.
- If you build up a balance, you may temporarily reduce your election to \$0 in order to spend down the balance and remain active in the plan.

For additional details regarding your plan, contact your employer or see your plan documentation.



Learn more about commuter benefit accounts or view our video presentation at [www.BenefitResource.com](http://www.BenefitResource.com)



## How do I access my commuter benefit plan?

### Use your card

After initial enrollment, you will receive the **Beniversal Prepaid Mastercard** or **eTRAC Prepaid Mastercard** for use at qualified mass transit and/or parking vendors. Effective January 1, 2016, workplace mass transit expenses must be purchased using the card. When the card cannot be used for eligible parking and vanpooling expenses, claim reimbursement is available.



### Tips for using your card:

- **Be sure to elect the full cost of your mass transit and/or parking expense.** While the IRS limits how much can be taken tax-free, this will allow you to purchase your full commuting expense with the card.
- **You are limited to the available balance.** Your employer may take your election over a number of payrolls. Before making a purchase, verify your balance to ensure that the full cost of your expense is available to use the card.
- **Use it like a debit or credit card.** When using your card, if asked, select CREDIT to sign for the purchase or DEBIT to enter a PIN. To request a PIN, call (855) 247-0198. There is no ATM or cash access associated with this card.
- **Link your card for recurring expenses or reload programs.** If you are enrolled in an auto-reload program, monthly online subscription or online payment program, your card can be linked to that program as the payment source.

### Submit a claim

When not using your card for workplace parking and vanpooling expenses, you can submit a claim for reimbursement as follows:

For eligible parking expenses:

- **Online at [www.BenefitResource.com](http://www.BenefitResource.com)**  
*Once logged into your account, go to the Commuter Benefit Plan tab and select Submit Online Claim. Follow the on screen instructions.*
- **Through the BRiMobile app**  
*Download the BRiMobile app from the Apple App Store or Google Play.*
- **By faxing/mailling a claim form**  
*Claim forms can be downloaded and printed from [www.BenefitResource.com](http://www.BenefitResource.com).*

For eligible vanpooling expenses:

- **By faxing/mailling a claim form along with a receipt or supporting documentation**  
*Claim forms can be downloaded and printed from [www.BenefitResource.com](http://www.BenefitResource.com).*

The IRS requires that claims for qualified parking and vanpooling expenses be received by Benefit Resource within 180 days after the service is provided. Reimbursements are paid weekly. To receive your reimbursements by direct deposit, please log into your account at [www.BenefitResource.com](http://www.BenefitResource.com) and submit your direct deposit account information.

### Account Support

Log into BRiWeb

BRiWeb is your secure participant login for managing your accounts, viewing balances and submitting claims for eligible parking expenses. To log in, go to [www.BenefitResource.com](http://www.BenefitResource.com), click on Participants in the secure login section and enter:

**Company Code:** Provided by your employer

**Login ID:** Default Login ID selected and provided by your employer. You may change it upon initial login.

**Initial Password:** 5-digit home zip code (You will be prompted to change the password upon initial login.)

Download the BRiMobile app

BRiMobile is your on-the-go account access for viewing balances and recent transactions and submitting claims for eligible parking expenses. Download the BRiMobile app from the Apple App Store or Google Play.

Access QuickBalance

QuickBalance provides instant access to account balance information from any phone or web connection. Simply have your card available and call (888) 99MYBAL.

### For questions, contact Participant Services

Phone: (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time)

Email: [ParticipantServices@BenefitResource.com](mailto:ParticipantServices@BenefitResource.com)

Live Chat: Available through the participant login at [www.BenefitResource.com](http://www.BenefitResource.com)





# ENROLLMENT FORM

## COMMUTER BENEFIT PLAN

(PLEASE PRINT CLEARLY)

245 Kenneth Drive  
 Rochester NY 14623-4277  
 Phone: (800) 473-9595  
[www.BenefitResource.com](http://www.BenefitResource.com)

**EMPLOYER:** \_\_\_\_\_

**EFFECTIVE DATE OF ENROLLMENT:**     /     /

**A. EMPLOYEE INFORMATION**

Member ID: \_\_\_\_\_

Employee Name:   (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Home Address:   (Street) \_\_\_\_\_ (Apt #) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Birth Date:   /   /                      Gender:    Male    Female

Hire Date:       /   /                      Employee Status (please check one):    Full-Time    Part-Time

Email Address: \_\_\_\_\_

*(Note: Benefit Resource, Inc. will only use your email address to communicate with you regarding your plan.)*

**B. COMMUTER BENEFIT PLAN (CBP) ACCOUNTS**

Please enter your CBP election(s):	<u>Type of Account</u>	<u>Monthly Election</u>
	<input type="checkbox"/> Parking	\$ _____
	<input type="checkbox"/> Mass Transit	\$ _____

**C. EMPLOYEE CERTIFICATION** *Return signed form to your employer.*

- I have received and read the printed material which explains my Commuter Benefit Plan and my options under it. I understand that any expenses paid under this plan must be eligible workplace commuting expenses as governed by Internal Revenue Service regulations and must not be reimbursed from any other source. I also understand that by signing and submitting this enrollment form, I am making an election that will remain effective until a change form is submitted during open enrollment or when a permissible change has occurred. Any choices above may be modified only as defined in the plan.
- I authorize the amount(s) above to be deducted from payroll as indicated and also authorize any necessary advance on salary deduction (as described herein).
- I authorize the issuance of a Prepaid Mastercard® (“Card”). I agree to use the Card only for eligible plan expenses and to be bound by all provisions of the Cardholder Agreement sent to me with my Card. Furthermore, I understand that if my Card is used for expenses other than those defined in the plan or if I violate the terms of the Cardholder Agreement, my account may be suspended and I will reimburse the plan for the expenses. I also agree to have any non-approved expense and/or applicable replacement card expense deducted from my paycheck on an after-tax basis as an advance on salary.
- I understand that Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. I also understand that I may be required to provide identifying information (e.g. Member ID, address and date of birth) when making inquiries about my Card. I understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**D. PAYROLL DEDUCTION INFORMATION** *Employer must complete this section for employee to be enrolled.*

- **Deduction cycle:**    monthly    semi-monthly    bi-weekly (2 per month)    weekly (4 per month)
- **Pay Date of first CBP deduction(s):** \_\_\_\_/\_\_\_\_/\_\_\_\_                      • **Card Issue Month:** \_\_\_\_\_

Your Prepaid Mastercard is issued by The Bancorp Bank pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark of Mastercard International Incorporated. The Bancorp Bank; Member FDIC.