



Transportation Account Setup

Employer Demographic Information			
Employer Name:			
Plan Information			
Plan Effective Date:		Plan Year Begins:	Plan Year Ends:
1 st Payroll Date:		Open Enrollment Dates:	to
Payroll Frequency:	<input type="checkbox"/> Weekly(52) <input type="checkbox"/> Bi-Weekly(26) <input type="checkbox"/> Semi Monthly(24) <input type="checkbox"/> Monthly(12)		
Plan Name:			
Plan Trustee(s): _____			
Do you have other plans in place: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Regulatory Limits (as of August 2020)			
Employee Contribution Benefit Limit - \$270/month			
	Parking Account	Transit Account	
Benefit Limit	<input type="checkbox"/> Federal Max <input type="checkbox"/> Other: _____	<input type="checkbox"/> Federal Max <input type="checkbox"/> Other: _____	
Runout	<input type="checkbox"/> 90 days <input type="checkbox"/> Other: _____	<input type="checkbox"/> 90 days <input type="checkbox"/> Other: _____	
Rollover (full balance)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offer Benefits Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Contributions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list amount and frequency	Fixed dollar or % of comp	Fixed dollar or % of comp	
	Amount: _____ <input type="checkbox"/> <input type="checkbox"/> Frequency: _____ <small>(payroll, quarter, etc.)</small>	Amount: _____ <input type="checkbox"/> <input type="checkbox"/> Frequency: _____ <small>(payroll, quarter, etc.)</small>	

Authorizing Initials: _____ Date: _____