

**QUALIFIED TRANSPORTATION EXPENSE REIMBURSEMENT PROGRAM
CHECKLIST**

Representative _____

**ESTABLISHMENT OF THE PLAN; ADOPTION OF THE PLAN DOCUMENT &
INTRODUCTION AND PURPOSE; GENERAL PLAN INFORMATION**

Name of Plan Sponsor: _____

Internal Group Number: _____

Address: _____

If above address is a post office box, street address: _____

Telephone Number: _(_____)_____

Employer Identification Number (EIN): _____

Plan Number: _____

Original Effective Date of Plan (month & year): _____

Date of this Restatement (month & year): _____

Plan Year (month to month): _____

Third Party Administrator: _____

Name, Address, Phone: _____

Participating Employers: _____

DEFINITIONS

“Annual enrollment period” shall mean the month of [_____] in each *plan year*.

“Bicycle commuting expenses” shall mean reasonable expenses for the purchase of a bicycle, or the bicycle improvements, repair, and storage when the *employee* regularly uses a bicycle to commute from their place a residence to their place of employment.

OPTIONAL – KEEP or REMOVE

Does the plan have a debit card option? _____

“Eligible employee” means any current *employee* of the *participating employer* who works at least [_____] hours per week and who has completed [_____] days of continuous employment.

PARTICIPATION

How do I participate?

You may enroll for coverage during the *open enrollment period*. Coverage for *participants* who enroll during the *open enrollment period* shall become effective on [_____].

Employees who become eligible during the *plan year* shall be allowed to participate on the first of the month following [_____] days of continuous employment and may make their salary reduction election upon becoming eligible.

Can I revoke my salary reduction agreement?

You may revoke or amend a *salary reduction agreement* at any time prior to the [_____] day of the month preceding the month in which you wish the change in the *salary reduction agreement* to go into effect.

BENEFITS

What are mass transit expenses?

You will receive a *transit voucher* in the amount of your...

	...monthly...
	...quarterly...
	...yearly...

... salary reduction election, not to exceed \$260 for each month.

What are qualified bicycle commuting expenses?

You may elect to participate in a bicycle commuting reimbursement account by completing the appropriate *salary reduction agreement*. By participating, you are able to recoup reasonable bicycle-related expenses (up to \$20 for each *qualified bicycle commuting month*).

Reasonable bicycle-related expenses include:

- The purchase of a bicycle; and
- Bicycle improvements, repair, and storage.

These are considered reasonable expenses, as long as the bicycle is regularly used for travel between the *employee's* residence and his or her place of employment.

NOTE: If an *employee* receives a qualified bicycle commuting reimbursement in a *qualified bicycle commuting month*, the *employee* cannot receive commuter highway vehicle, transit pass, or qualified parking benefits in that same month.

OPTIONAL – KEEP or REMOVE

Can I combine my accounts?

You may not combine your *qualified parking expense reimbursement account*...

	...and your <i>mass transit expense reimbursement account</i> ...
	... your <i>mass transit expense reimbursement account</i> , and your <i>qualified bicycle expenses</i> ...

...into one account; however, if you incur...[both OR all] types of expenses, you may elect to participate in [both OR all] types of accounts.

OPTIONAL – KEEP or REMOVE

Debit card feature

Within [_____] days of using your *debit card*, you must submit an invoice or receipt from the merchant or provider of service.

CLAIMS REVIEW PROCEDURE

Is there a minimum claim amount?

The minimum amount a *participant* may submit for reimbursement for *qualified transportation expenses* shall be \$[_____].

MISCELLANEOUS INFORMATION

Will the *Plan* provide a statement of benefits?

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If “YES,” please choose an option below...

	On or before January 31 st of each year, the <i>Plan Administrator</i> will furnish each <i>participant</i> who received benefits under the <i>Plan</i> a written statement showing...
	Throughout the <i>plan year</i> , the <i>Plan Administrator</i> will provide access to a web-based online system to each <i>participant</i> who received benefits under the <i>Plan</i> which will show...

...the amounts paid by the *Plan Sponsor* in providing reimbursement under the *Plan* with respect to the *participant* for the prior *plan year*.