

Transit and Parking Continual Reimbursement Form



Personal Information	Employee Name		Company Name	
	Address		Social Security Number	
			Email Address	
Instructions	<p>Your Transit and Parking spending account allows you to save money by paying predictable transit and parking expenses with pre-tax dollars.</p> <ol style="list-style-type: none"> 1. Complete this form with your monthly election for transit and parking expenses * You cannot exceed the maximum monthly allowance set by current IRS guidelines 2. Read and sign continual reimbursement section below. 3. Complete and sign direct deposit section at the bottom of this form. Please also include a voided check. *Note: If this section is not filled out a paper check will be mailed to you each month instead. 4. Please send the completed form to National Benefit Services, LLC 			
Monthly Election	Total Monthly Election - Transit \$ _____	Total Monthly Election - Parking \$ _____	Coverage Period From _____ To _____	
Continual Reimbursement	<p>Expenses for transit or parking may not be reimbursed under the plan prior to the time that services are rendered. However, you may be reimbursed under the plan after the services are rendered and prior to the time that the payment is due if those expenses are part of a continual reimbursement request.</p> <p>You may use this form to apply for continual reimbursement. No reimbursement may be paid under the continual reimbursement program for any month in which transit and/or parking services are not rendered. It is your responsibility to advise the plan administrator of the cessation or interruption of such services. Your reimbursement will be paid each payroll period.</p>			
	<input type="checkbox"/> YES! Please sign me up for continual reimbursement of my Transit and/or Parking Expense Your reimbursement will automatically be sent to you after each payroll period.			
	<p>I have reviewed the information on this request form and verify that the information listed above and attached is true and correct. I understand that if any changes regarding the continual payment occur, NBS must be notified immediately. Failure to do so could result in additional taxes being applicable for which I would be responsible.</p>			
	Employee Signature X _____		Date	

National Benefit Services, LLC

P.O. Box 698, West Jordan, UT 84084 PH (801) 532-4000 x 502 Toll Free (800) 274-0503 x 502

FAX:

Salt Lake Area: (801)355-0928, Toll Free Fax: (800)478-1528

Email:

claim@nbsbenefits.com (PDF, TIFF or JPEG files only)

Direct Deposit Information	Your Financial Institution		Account Type:	
	Financial Institution Address		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
			Routing Number	
		Account Number		
IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable.				
<p>I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.</p>				
Employee Signature X _____		Date		