Transit and Parking Continual Reimbursement Form



Address Your Transit and Parking spending account allows you to save money by paying predictable transit and parking expenses with pretax dollars. 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 reimbursment 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 Total Monthly Election *Transit* Total Monthly Election - Parking Coverage Period S	Personal	Employee Name	Cor	mpany Name			
Instructions Your Transit and Parking spending secount allows you to save money by paying predictable transit and parking expenses with pretax dollars. 1. Complete this form with your monthly election for transit and parking expenses Your Cannot exceed the maximum monthly allowance set by current IRS guidelines 2. Read and sign continual reimbursment 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 Housthy Election Total Monthly Election - Parking Coverage Period	Information						
Instructions Your Transit and Parking spending account allows you to save money by paying predictable transit and parking expenses with pretax dollars. 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 reimbursment 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 Total Monthly Election Transit Total Monthly Election Parking Coverage Period From		Address S		ocial Security Number			
usa dollars. 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 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 seem the completed form to National Benefit Services, LLC Monthly Election Total Monthly Election - Transit Sepenses 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 services are rendered. However, you may be reimbursed under the plan after the services are rendered and 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. 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. Thave reviewed the information on his 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. Employee Signature National Benefit Services, LLC P.D. Box 69%, West Jurdan, UT 34083 PH (807) 532-8000 x 502 Toll Free (800) 724-9003 x 502 Famili: Account Type: Checking Savings Financial Institution Address IMPORTANT! Please attach a voided check with this form (not a			Em	ail Address			
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 reimbursment 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 S	Instructions						
** You cannot exceed the maximum monthly allowance set by current IRS guidelines 2. Read and sign continual reimburnement 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 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. 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. WES! 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. 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. Employee Signature Pro. Box 998. West Jordan, UT \$8084 \$PH (807) \$32-4000 x \$502 Tdll Tree (800) 724-0503 x \$502 EAX: Email: Checking Savings Financial Institution Account Type: Checking Savings Financial Institution Address IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip Account			hly election for transit and parki	ing expenses			
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 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. 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 resonshibility to advise the plan administrator of the cessation or interruption of such services. Your reimbursement will be paid each payroll period. There is a payroll period. 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. NIS must be notified immediately. Failure to do so could result in additional taxes being applicable for which I would be responsible. Employee Signature Date **Notional Benefit Services** National Benefit Services** Page 170. Box 898, West Jordan, UT **80084* Pril (801) \$572-8008* Not Triff Free (800) \$724-0503 x \$702. FAX: Salt Lake Area: (801) \$55-9028. Toll Free Fax: (800) \$478-1528\$ Email: Checking Savings Financial Institution Address Account Type: Checking Savings Financial Institution Address I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adj					uidelines		
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		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.					
Nonthly Election Total Monthly Election - Transit Total Monthly Election - Parking From To							
S							
Sample Sample Sample Sample Sample From To	Monthly Election	Total Monthly Election - Transit	Total Monthly Election - Park	ting	Coverage Period		
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. 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. YES! Please sign me up for continual reimbursement of my Transit and/or Parking Expense	•	\$	\$		From To		
be reimbursement 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. 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. 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. 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. Employee Signature	Continual			anion to the time			
of a continual reimbursement request. 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. 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. 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. Employee Signature		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. You may use this form to apply for continual reimbursement. No reimbursement may be paid under the continual reimbursement					
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. 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. 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. Employee Signature							
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. 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. 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. Employee Signature							
administrator of the cessation or interruption of such services. Your reimbursement will be paid each payroll period. 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. 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. Employee Signature							
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. 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. Employee Signature							
Your reimbursement will automatically be sent to you after each payroll period. 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. Employee Signature Date X		administrator of the cessation or interruption of such services. Your reimbursement will be paid each payroll period.					
Your reimbursement will automatically be sent to you after each payroll period. 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. Employee Signature Date X		VEC! Discourse #	·	4 -£ T			
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. Employee Signature National Benefit Services, LLC P.O. Box 698, West Jordan, UT 84084 PH (801) 532-4000 x 502 Toil Free (800) 274-0503 x 502 Salt Lake Area: (801)355-0928, Toil Free Fax: (800)478-1528 Email: claim@nbsbenefits.com.@PF. TIFF or JPEG files only) Direct Deposit Information Account Type: Checking Savings Financial Institution Address 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. 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.				•	~ .		
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. Employee Signature X National Benefit Services, LLC P.O. Box 698, West Jordan, UT \$4084 PH (801) 532-4000 x 502 Toff Free (800) 274-0503 x 502 FAX: Salt Lake Area: (801)355-0928, Tolf Free Fax: (800)478-1528 Email: claim@nbsbenefits.com (PDF, TIFF or PEG files only) Direct Deposit Information Your Financial Institution Account Type: Checking Savings Financial Institution Address 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. 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.		Your reimburse	ement will automatically be sent	to you after ea	ch payroll period.		
result in additional taxes being applicable for which I would be responsible. Employee Signature X National Benefit Services, LLC P.O. Box 698, West Jordan, UT 84084 PH (801) 532-4000 x 502 Tofl 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 Account Type: Checking Savings Financial Institution Address 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. 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.		·					
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 Account Type: Checking Savings Financial Institution Address 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. 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.							
National Benefit Services, LLC P.O. Box 698, West Jordan, UT \$4084 PH (801) 532-4000 x 502 Tofl 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 Account Type:		Employee Signature		Date			
National Benefit Services, LLC P.O. Box 698, West Jordan, UT \$4084 PH (801) 532-4000 x 502 Tofl 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 Account Type:		X					
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 Account Type: Checking	National Benefit Services, LLC						
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 Account Type:							
Direct Deposit Information Your Financial Institution		FAX: Salt Lake Area: (801)355-0928, Toll Free Fax: (800)478-1528					
Pirect Deposit Information Your Financial Institution							
Financial Institution Address 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. 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.							
Financial Institution Address 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. 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.	Direct Deposit	Your Financial Institution		Account	Type:		
Financial Institution Address 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. 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.	Information						
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. 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.					Checking Savings		
IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. 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.		Financial Institution Address		Routing	Number		
acceptable. 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.				Account	Account Number		
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.		IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip					
entries and adjustments made in error to my (our) account indicated above and the financial institution named above.							
entries and adjustments made in error to my (our) account indicated above and the financial institution named above.		-					
Employee Signature Date							
Emp-o, co organization		Employee Signature		Date			