



Commuter Benefits Enrollment Form

100 Quentin Roosevelt Blvd, Suite 403
Garden City, NY 11530
(855) 374-6431
Fax: (833) 930-1022
info@fbnational.com
www.fbnational.com

EMPLOYER:

EFFECTIVE DATE OF ENROLLMENT: / /

A. EMPLOYEE INFORMATION

Social Security Number:

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: FBA will only use your email address to communicate with you regarding your plan.)

B. COMMUTER BENEFIT PLAN (CBP) ACCOUNTS

I elect to have the following amount of money reduced from my salary before taxes to reimburse me for eligible Mass Transit and Parking expenses I incur during the plan year.

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

- Transit is a pre-tax benefit account used to pay for train, subway, bus, ferry, eligible vanpool.
- Transit & Parking Contribute up to a maximum of \$315 per month. Contributions over \$315 will be post-tax.
- You can use your FBA Mastercard benefit debit card to purchase tickets and/or monthly passes.

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

- I hereby certify that I have been or will be using this benefit for my regular daily direct commute from home to work and return. I certify that this card will be used only for qualified transportation fringe benefits,
- Parking at a location from where I commute to work (e.g., the cost of parking in a lot at the train station so that I can commute in on the train.)
- UberPool & Lyft: The undersigned fully understands that eligible commuter transit expenses submitted on the Reimbursement Claim Form are for rides to-and-from work.

Signature: _____ Date: _____