

Commuter Rewards Employer Employer Information Request

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CONTRACT INFORMATION

PLAN SPONSOR CONTACT INFORMATION:

Plan Sponsor	Detail				
Entity Name					
Address					
City, State Zip					
Telephone Number					
Primary Contact					
Title					
Telephone					
eMail					
Plan Sponsor Tax ID					
Effective Date of Plan					
Payroll Service Provider's Contact Information (if applicable)					
Entity Name					
Address					
City, State Zip					
Telephone Number					
Primary Contact					
Title					
Telephone					
eMail					
Payroll Identifier Code					

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PLAN SPONSOR'S PAYROLL SCHEDULES:

Please indicate the type of payrolls utilized (select all that apply). Please indicate the starting run-date and effective date for each type of payroll utilized:

Frequency	Description	Run Date	Check Date	From Date	To Date
Weekly	(once a week)				
Bi-Weekly	(every two weeks)				
Semi- Monthly	(twice a month)				
Monthly	(once a Month)				
Quarterly	(once a quarter)				



Please provide the four (4) payroll codes to be used for this benefit.

- Two are pre-tax deductions (transit & parking).
- Two are reimbursements, outside of W-2 earnings (transit & parking). They may be negative deductions or non-taxable earnings.

Description	Payroll Deduction Type	Payroll Code
	In NY, no federal, state, city, local, SS or Medicare	
Pre-tax Transit	taxes	
Transit Refund	Negative-deduction, non-taxable, credit-to-net	
	In NY, no federal, state, city, local, SS or Medicare	
Pre-tax Parking	taxes	
Parking Refund	Negative-deduction, non-taxable, credit-to-net	

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