



Commuter Account Plan Claim Form



Transportation, Vanpool and Parking

EMPLOYER INFORMATION

① Company Name **ABC WIDGETS**

EMPLOYEE INFORMATION

②

Employee Last Name DOE	First Name JANE	Social Security Number 123-45-6789	
Street Address 1 MAIN STREET	City ANYCITY	State NY	Zip 11234
Daytime Phone Number	Email		

MASS TRANSIT AND PARKING EXPENSE ACCOUNTS

Please indicate the amount requested for reimbursement. Attach copies of receipts (when available) which reflect the date(s) during which parking and/or mass transit expenses were incurred, the amount of expense for the time period, and the location of the parking vendor (if applicable). Photocopies of checks and/or tickets are acceptable. If no supporting documents were available during the normal course of business, the reimbursement will be paid – provided the expenses are described below and the form is signed and dated.

③

Type of Transportation Expense (Commuter Bus, Train, Van Pool, Parking, etc.)	Dates of Service Beginning Date - Ending Date	Transit Agency or Parking Provider (and parking location)	Cost	Receipt Yes or No
BUS	NOV 2007	MTA	76	NO
TOTAL:			\$	

Standing Instructions to my Employer (auto-claim):

④

I hereby represent that I have consistent expenses month-to-month. Please file this claim on my behalf every month. If I receive receipts in the normal course of business I realize that I am still required to submit them, even when using this auto-claim option.

Please disregard and revoke any prior standing instructions.

AFFIDAVIT

I am submitting this reimbursement request for parking and/or mass transit transportation expenses, which are eligible for favorable income tax treatment in accordance with federal guidelines under Internal Revenue Code Section 132(f). I understand and confirm that (1) I am solely responsible for submitting proper documentation of my eligible expenses, (2) that these expenses are indeed qualified transportation expenses which qualify for reimbursement and are eligible to be excluded from my federal taxable wages, (3) they have not been reimbursed from any other source or previously submitted for reimbursement, and (4) for each expense listed above, for which I have not attached a receipt or verifying document, such receipt or verifying document was not available from the provider of service.

I request reimbursement from my account(s) and certify that the information provided is true and correct.

⑤

Employee Signature 	Date 10/31/2007
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Send completed form and documentation to TotalBen.

FAX: (718) 535-7071

Mail: TotalBen LLC
P.O. Box 100496
Brooklyn, NY 11210



Commuter Account Plan Enrollment Form



Transportation, Vanpool and Parking

EMPLOYER INFORMATION

① Company Name **ABC WIDGETS**

EMPLOYEE INFORMATION

②

Employee Last Name DOE	First Name JANE	Social Security Number 123-45-6789	
Street Address 1 MAIN ST	City ANYCITY	State NY	Zip 11234
Daytime Phone Number	Email		

TRANSIT/VANPOOLING ACCOUNT

I authorize my employer to deduct the following amount on a monthly pre-tax basis from my pay to be applied to the Commuter Account Plan for Transportation/Vanpooling. I understand that the change will be effective the first of the following month.

③

Check one: New Participant Deduction Change Deduction Cancellation

Monthly Contribution: \$ **76**

Must be a whole dollar amount (maximum monthly amount for 2007 is \$110.00)

PARKING ACCOUNT

I authorize my employer to deduct the following amount on a monthly pre-tax basis from my pay to be applied to the Commuter Account Plan for Parking. I understand that the change will be effective the first of the following month.

Check one: New Participant Deduction Change Deduction Cancellation

Monthly Contribution: \$

Must be a whole dollar amount (maximum monthly amount for 2007 is \$215.00)

TERMS AND CONDITIONS

I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Enrollment Form (Compensation Reduction Agreement) prior to the first day of the next monthly period.

I agree that my Compensation will be reduced by the amount of my required contribution for the Transportation and Parking Benefits I have elected under the Plan, and that such Compensation Reductions will continue for each month until this Agreement is amended or terminated. Amounts remaining in my Account(s) after reimbursing my Expenses for the month will be carried over to reimburse me for Expenses in subsequent months.

I have read and agree to the terms of participation set forth on this Agreement.

④

Employee Signature <i>Jane Doe</i>	Date 10/31/07
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Send completed form and documentation to TotalBen.

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Mall: TotalBen LLC
P.O. Box 100496
Brooklyn, NY 11210