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COMMUTER EXPENSE BENEFITS: TRANSIT & PARKING 2021 BENEFIT ELECTION FORM

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

I. EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ SOCIAL SECURITY NO: _____
 ADDRESS: _____ CITY, STATE & ZIP: _____
 EMAIL: _____ EFFECTIVE DATE: _____
 DATE OF BIRTH: _____ DAYTIME PHONE: _____
 PAY CYCLE : WEEKLY BI-WEEKLY TWICE MONTHLY MONTHLY

II. PRE & POST-TAX PLANS FOR PARKING EXPENSES

If you drive to work and pay for parking, you may elect to have a portion of your taxable salary directed to a reimbursement account to help offset these expenses. This money will be deducted from your pay before taxes are withheld, thus reducing your out-of-pocket costs for these expenses. You may deposit up to **\$270.00 per month** in your Pre-Tax Reimbursement Account for **Parking Expenses**. You may use your NCA Benefits card to pay for these expenses at the time of purchase. In addition you may also elect to contribute additional funds on a Post-Tax basis which will be deducted from your pay After-Taxes are withheld.

Pre-Tax:

Enter dollar amount to deposit per pay \$ _____ = \$ _____ per month beginning _____

Post Tax:

Enter dollar amount to deposit per pay \$ _____ = \$ _____ per month beginning _____

III. PRE & POST-TAX PLANS FOR MASS TRANSIT OR VAN POOL EXPENSES

If you utilize the Mass Transit System such as the subway, ferry, train or bus to commute to work, you may elect to have a portion of your taxable salary directed to a reimbursement account to help offset these expenses. This money will be deducted from your pay before taxes are withheld, thus reducing your out-of-pocket costs for these expenses. You may deposit up to **\$270.00 per month** in your Pre-Tax Reimbursement Account for **Mass Transit Expenses**. You will be issued a NCA Benefits card to pay for these expenses at the time of purchase. In addition you may also elect to contribute additional funds on a Post-Tax basis which will be deducted from your pay After-Taxes are withheld.

Pre-Tax:

Enter dollar amount to deposit per pay \$ _____ = \$ _____ per month beginning _____

Post Tax:

Enter dollar amount to deposit per pay \$ _____ = \$ _____ per month beginning _____

IV. AUTHORIZATION (YOU MUST SIGN BELOW EVEN IF YOU HAVE ELECTED NOT TO PARTICIPATE)

I have read all of the enrollment material explaining this benefit plan. My Employer and I agree that my cash compensation will be redirected according to my elections. These elections shall be in addition to other agreements or benefit programs maintained by my employer. I may change my elections monthly. The plan administrator may post funds early to my account to enable me to utilize this benefit more easily. I agree that any funds that have been posted to my account prior to my payroll deduction will need to be repaid to my employer at the time of my termination.

I understand that I must be able to provide receipt documentation upon request for any and all out of pocket expense costs as accessed through this plan.

Employee Signature

Date

Non scholae, sed vitae discimus!