



Work-related Transportation Enrollment Form

For more information, please visit our website or contact Customer Service.

www.benefitsworkshop.com/oaklandpark • (888) 537-3539 • info@benefitsworkshop.com



Name _____

Social Security Number _____ Is this a new address? YES NO

Address _____

City, State, ZIP _____

Phone _____ cell home work Email _____

Please choose one.

<input type="checkbox"/> Election during Open Enrollment Effective Date <u>1/1/2024</u>	<input type="checkbox"/> Election during a Plan Year Effective Date _____	<input type="checkbox"/> Amendment to an existing election Effective Date _____
---	---	---

Please make your election below.

Work-related Transportation Account

Monthly Amount \$ _____

Month deductions start: _____

Date to stop deductions: _____

The maximum amount is \$300 per month.

Order additional cards (optional).

A BenefitsWorkshop Debit Card will be ordered in the employee's name only. A card can be ordered for your spouse or dependents for a \$5.00 handling fee, which will be deducted from your account balance. By providing the requested information, you are authorizing BenefitsWorkshop to deduct this fee from your account. Individual cards are not required to access the account.

Name _____ SS# _____ spouse child

Name _____ SS# _____ spouse child

By signing this form, I authorize my employer to redirect (reduce) my taxable pay by the indicated amount. I understand and agree that: **(1)** I have read the plan materials available to me and I understand the operation and rules of the plan. **(2)** I can only change or cancel my election once per month. **(3)** I cannot transfer money between tax-free accounts. **(4)** Unspent funds will be forfeited 90 days after I leave the plan or stop making payroll deductions. **(5)** The elections I have made are in accordance with the plan documents and the provisions of Internal Revenue Service Code Section 132. **(6)** I will only use the Debit Card to pay for eligible work-related transportation expenses. **(7)** I will not use the debit card for any transportation expense that has or is expected to be reimbursed by another entity. **(8)** I will acquire and retain sufficient documentation for any expense paid with the debit card. **(9)** I understand that failure to submit documentation for debit card transactions (when required) in a timely manner may result in my debit card being blocked until the requested documentation is submitted. I also understand that repayment of ineligible or undocumented transactions may be required.

Participant Signature _____

Date _____