

ARCHDIOCESE OF SAN FRANCISCO**Transit & Parking Reimbursement Arrangement Enrollment Form**

Plan Year: 1/1/2021-12/31/2021

Last Day to Submit Claims: 3/31/2022

Employee Information – Please write legibly to ensure proper enrollment

Last Name, First Name			SSN / Employee ID #
Home Address			
Date of Birth	Phone Number	Email Address	Effective Date
Department Name			

Benefit Elections

Section 132 Benefit	Yes/No	Annual Election	# of Paychecks	Paycheck Deduction
Parking Reimbursement Maximum of \$270.00 per month	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	12 / 24 or _____	\$ _____ _____
Transit Reimbursement Maximum of \$270.00 per month	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	12 / 24 or _____	\$ _____ _____
Parking / Transit Conversion The parking and/or mass transit benefits paid through a pre-tax payroll deduction to park and/or commute to work through an employer-sponsored program.	Automatic	N/A	N/A	N/A

Direct Deposit

Direct Deposit – Reimbursements are electronically deposited into your bank account. If you've previously signed up for direct deposit your information will remain on file and you do not need to complete this section.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account #: _____ Routing #: _____
--	---	---	--------------------------------------

Signature

I understand that the rules of IRC Section 132 allow me to use part of my salary on a pre-tax basis to purchase one or more of the qualified benefits. I hereby elect to participate in my employer's Section 132 Parking/Transit Fringe Benefits Plan as indicated above. This election form will remain in effect and cannot be revoked or changed during the coverage period, unless the revocation and new election are on account of and consistent with federal regulations. I hereby authorize and direct my employer to reduce my salary by the amount necessary to pay for the benefit(s) as shown above for the plan year indicated above.	
<input type="checkbox"/> YES , the above benefits have been explained to me and I elect to participate as indicated	
<input type="checkbox"/> NO , the above benefits have been explained to me and I decline participation	
Employee Signature	Date
X	

Completed Enrollment Forms must be returned to Human Resources*Please see the reverse side for important information regarding the above benefits*

Additional Information for Parking / Mass Transit Conversion

- Any employer contributions or subsidy will count against the monthly limit. Example: Employer B contributes \$200/month/participant for qualified parking expenses. Employee A incurs \$300 in one month in parking expenses. Employee A could only contribute an additional \$55 pretax through the payroll deduction. The remaining \$45 is an after tax expense and is not deducted through payroll.

Additional Information for Parking Account

- The maximum reimbursement possible for any month of service cannot exceed the current monthly limit established by the IRS. Amounts exceeding the IRS monthly limit will not be reimbursed and shall not carry forward for reimbursement in future months. Example: Employee A incurs \$260 of qualified parking expenses in July. A is reimbursed \$255 and the remaining \$5 shall not carry forward for reimbursement in a subsequent month.
- Parking expenses deducted and paid directly from your paycheck cannot be reimbursed under this account.

Additional Information for Transit Account

- The maximum reimbursement possible for any month of service cannot exceed the current monthly limit established by the IRS. Amounts exceeding the IRS monthly limit will not be reimbursed and shall not carry forward for reimbursement in future months.
- Transit expenses deducted and paid directly from your paycheck cannot be reimbursed under this account.

Direct Deposit

- All electronic funds transfers (EFT) will be initiated on the same day as the normal check reimbursement date. Deposits may take up to two (2) business days to appear in the designated account.
- The first reimbursement of the plan year or a reimbursement processed after making changes to your bank account information will be issued as a live check to verify bank information.
- Returned items due to incorrect banking information will be assessed a \$10.00 fee that will be deducted from the corresponding account balance.

Deductions

- Elections are irrevocable during the coverage period. Changes must be made on a prospective basis and will go in effect as of the following coverage period. Example: Bill drives to work. During open enrollment in July Bill elects \$2,640 (\$220 x 12 months) for parking for the calendar year. In December Bill's wife buys him a bike. On January 5th Bill changes his election to account for his new method of transportation and reduced need for parking. His election is irrevocable during the coverage period (month of January) and will be effective as of February.

Eligibility

- Individuals who are partners, sole proprietors, or independent contractors are not eligible to participate in the Plan. In addition, under section 1372(a), 2-percent shareholders of S corporations are treated as partners for fringe benefit purposes. Thus, an individual who is both a 2-percent shareholder of an S corporation and a common law employee of that S corporation is not considered an employee for purposes of section 132(f) and, therefore, also not eligible to participate in the plan. It is your responsibility to determine your eligibility. Additionally ineligible employees include leased, temporary, contract worker, independent contractor, temporary employee or casual employee.

Rollover

- Any unused balances at the end of the claim filing period will be rolled over to the following plan within 30 days after the end of the claim filing period. Rollover amounts will be deposited into the account in addition to any normal deductions.

Electronic Disclosure Notice

- By providing your email address you consent to receive email communications regarding the Plan.
- If you no longer wish to receive information electronically you may withdraw consent at any time at no cost. To withdraw consent, please contact Navia Benefit Solutions or login to your account online.
- You have a right to receive a paper version of an electronically furnished document at no cost.
- To access documents you must have Adobe Reader. A link to download this software will be provided with all electronic documents provided.