



IRC SECTION 132 (f)(4)
TRANSPORTATION REIMBURSEMENT PLAN CHECKLIST

ID#:

1. NAME OF EMPLOYER
(Exactly as it is to appear with punctuation)

2. EMPLOYER'S ADDRESS
(Physical)
(PO Box)
(City) (State) (Zip)

Telephone
Fax #

3. CONTACT PERSONNEL
Human Resources:
HR Phone:
HR E-Mail Address
Payroll Department:
PR Phone:
PR E-Mail Address
Person Authorized to amend Plan:
(Name) (Title)

4. EMPLOYER'S TAX ID NUMBER

5. PLAN INFORMATION
New Plan
Amendment and restatement

6. PLAN YEAR
Begins (Month / Day) (January 1)
Ends (Month / Day) (December 31)
Is first year a short Plan Year?
Yes, beginning (Month / Day) (May 1)
N/A

7. EFFECTIVE DATE(S)
Initial effective date (Month / Day / Year) (1/1/2006)
This restatement (Month / Day / Year) (1/1/2006)

8. EMPLOYER ENTITY
Corporation
S Corporation (2% shareholders not eligible)
Governmental Entity or Church
Limited Liability Corporation
Non-Profit Organization
Partnership (self-employed partners not eligible)
Sole Proprietorship (self-employed not eligible)

9. ELIGIBLE CLASS OF EMPLOYEES
All Employees who satisfy Group Health Plan eligibility requirements
Salaried Employees only
Hourly Employees only
All Employees EXCEPT:
Commissioned Employees
Union Employees
Leased Employees
Part-time Employees, expected to work less than hours per week
Non-Resident Aliens
Other exclusion

10. CONDITIONS FOR ELIGIBILITY
For first Plan Year only, anyone employed on the effective date of the Plan is eligible, thereafter: (Choose one from a-d below)
For all years, eligibility is as follows: (Choose 1 below)
a. Same as Group Health Plan eligibility waiting period
b. Date of hire (No service required)
c. days after date of hire
d. months after date of hire
e. years after date of hire

11. ENTRY DATE
First day of pay period following date requirements were met (See #15)
First day of month following date requirements were met as indicated in #15
Date conditions for eligibility are met (See #15)
First day of Plan Year following date requirements were met as indicated in #15
Same as Group Health Plan eligibility waiting period

12. CONTRIBUTIONS. Plan will provide for
Salary reduction contributions ONLY (No Employer contribution)
Employer contributions ONLY (No salary reductions)
Both salary reductions AND Employer contributions

13. QUALIFIED BENEFITS (May be elected for)
Transportation
Parking

14. ELECTION CHANGE FREQUENCY
Quarterly
Semi-Annually
Annually
Other

**15. WILL MORE THAN ONE COMPANY BE COVERED UNDER THIS PLAN?**

- No or N/A
- Yes, include signature lines for:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Tax ID Number)

**16. ARE THERE SEPARATE DIVISIONS WITHIN THIS COMPANY?**

- No or N/A
- Yes, include signature lines for:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Tax ID Number)

(NOTE: Please attach additional affiliated Employer information)

**17. CLAIMS FOR REIMBURSEMENT MUST BE FILED WITHIN**

- 60 days following each Plan Year or Termination Date.
- 90 days following each Plan Year or Termination Date.
- 120 days following each Plan Year or Termination Date.

\*If you have a Flex Plan with Allegiance, your runout periods will be the same.

**18. PAY CYCLE**

- Weekly (52)
- Bi-Weekly (26)
- Semi-monthly (24)
- Monthly (12)

**Prior to each payroll, we plan to:**

- Load a payroll contribution file. We don't need a payroll deduction notification.
- Auto post each pay period, Receive the payroll deduction notification seven business days prior to our scheduled payroll date. We will make any corrections needed within four business days of the notification.

**Please attach a payroll calendar.**

**19. OPEN ENROLLMENT OPTIONS**

- Online enrollment.
- Enrollment through employer and send a file.

**20. BROKER NAME & ADDRESS**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

E-mail Address \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

**21. FEES**

	FEES
<b>Initial Set-Up Fee</b>	\$ _____
<b>Fee for Participant/Month</b>	\$ _____
<b>Minimum Monthly Fee</b>	\$ _____

**22. DELIVERY OF INDIVIDUAL PARTICIPANT WELCOME PACKETS (Select method)**

- Mail to participants individually at \$2.00 per packet.
- Email all enrollment confirmation materials to the employees.

**23. HOW DO YOU WANT TO FUND YOUR PLAN?**

- Allegiance withdraws funds based on claims experience electronically by ACH.
- Reimbursements made directly from employer bank account.

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Prepared by: \_\_\_\_\_

(Revised March 2018)

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## **DEBIT CARD IMPLEMENTATION AGREEMENT**

This notice is confirmation that \_\_\_\_\_ has elected to implement the debit card option for our reimbursement accounts as of \_\_\_\_\_. As sponsor/plan administrator of the plan, we understand:

- Successful implementation and efficient administration is directly related to employer understanding and support of the process, clear and appropriate employee communications, and timely submission of plan year enrollment.
- Each participant will receive two cards; the second card may be signed and used by the spouse or dependent at the discretion of the participant.
- Plan participants will now have two reimbursement options: traditional claim filing and the debit card. IRS regulations require claims may need to be substantiated.
- Participants will receive a cardholder agreement. Employees will certify, upon enrollment and through each use of the card, that they will use the card only for eligible expenses, that any expense paid by the card has not been reimbursed nor will the employee seek reimbursement under any other plan. Participants will retain documentation for all expenses for submission to claims processor.
- Cards will be inactivated if a plan participant does not provide appropriate documentation when requested and the participant will be required to reimburse the plan. Unsubstantiated claims not reimbursed by a participant will be charged to the employer as an expense which is offset by the gain realized when the reimbursement is removed from the plan during year-end plan reconciliation.
- Employer will have sufficient funds available at all times to cover card transactions.
- Employer will inform terminated employees that the card will be de-activated. The employer is encouraged to collect the card as part of the exit interview.

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

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