

# Commuter Accounts

PEBB's Commuter Accounts are fringe benefit accounts regulated by the federal Internal Revenue Service (IRS). There are two individual account types, Parking and Transportation. Enrolled employees are able to reduce taxable income because they contribute to the account each month through a pre-tax salary reduction. The employer does not contribute to the account. Each account type allows the employee to claim tax free reimbursements for certain employment related commuter expenses. Employees can enroll, terminate, or change the accounts at any time during the plan year. For information <http://asiflex.com/commuter.html>

**IMPORTANT: Federal regulations do not permit "refunds" of this account. Funds cannot be transferred between the two accounts.**

## Parking Account

- Reimburses parking expenses incurred at or near the business premise of the employer or to park your car (also includes vans, trucks, motorcycle, bicycle) at a location from which to commute to work by mass transit facilities, commuter highway vehicle, or carpool.
- **DO NOT enroll for this account if you have state parking and the cost of parking is deducted from your monthly pay, and you have no other Parking costs. The Parking account is not used to pay for monthly state lot parking.** When added together monthly parking contribution and state parking costs cannot exceed the monthly allowable maximum.

## Transportation Account (Mass-Transit/Van-Pooling)

- Reimburses for work related commuting expenses for bus, ferry, rail, monorail, streetcar, train, subway or van pooling.
- Transit Pass Expenses: Expenses incurred for a pass, token, fare, card, voucher, or similar item for transportation. **DO NOT enroll in this account if you already have transit passes deducted from your monthly pay as pretax and have no other transportation costs.**
- Commuter Highway Vehicle (Van Pool) Expenses incurred for transportation in a commuter highway vehicle if such transportation is in connection with travel between your residence and place of employment.
- Does not include car pools, gasoline expenses, etc...

**General Guidelines** – this is a high level summary only.

Employee commuter expenses only, spouse or domestic partner commuter expenses are not allowed.

- **Account funds forfeit to PEBB when an account is inactive for six consecutive months.** An inactive account means that for six consecutive months there has not been either an employee monthly contribution or a claim reimbursement processed.
- **Claims are submitted throughout the plan year, however ALL claims for the current plan year must be submitted by January 15 of the following plan year or the claim will be denied.** Previous year funds remain in the account and can be used for current year expenses if the employee's eligibility and the account's eligibility remain as **active**.
- The IRS sets the monthly maximum contribution/reimbursement limit and it is subject to change.
- The account can be adjusted and changed through the year in order to avoid under or over contributions. However all changes must be in advance of the cash contribution taken from monthly pay.
- The enrollment continues from month to month and year to year unless it's changed, employment terminates, or the account becomes inactive.
- Expenses must be incurred or paid before a claim for reimbursement is submitted.

**Examples of expenses that are NOT eligible for reimbursement:** Tolls, traffic tickets, fuel, mileage, operating costs, taxis, payments to carpool participants. Parking at or near your personal residence, at your spouse's place of work, or at a mall or similar location where you stop to or from work. Costs that have been or will be paid by your employer

For claim forms and instructions see the ASIFlex website at: <http://orpebb.asiflex.com>



# Commuter Program

- Office Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

## 1. Contact Information

You must complete all fields. (Please Print)

PEBB Benefit Number (P#####), Employee ID, University ID

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Agency # \_\_\_\_\_ Gender \_\_\_\_\_  
 F  M

PEBB and the plans in which you enroll will send **all** benefit-related correspondence to your contact address.

Contact Address  Check if New Address Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Zip \_\_\_\_\_ Work Zip \_\_\_\_\_ Work Email \_\_\_\_\_ Personal E-mail (optional) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone (optional) \_\_\_\_\_

## 2. Parking

New Election (complete section 2a)  Change my monthly Parking contribution (complete section 2b)  Cancel Election

**2a Parking Account** (Maximum monthly contribution or reimbursement is \$255.00) **Monthly Contribution** (Minimum \$20)  
\$ \_\_\_\_\_

**2b I am changing my monthly parking election amount.** From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

## 3. Transportation

New Election (complete section 3a)  Change my monthly transportation contribution (complete section 3b)  Cancel Election

**3a Transportation Account** (Maximum monthly contribution or reimbursement is \$255.00) **Monthly Contribution** (Minimum \$20)  
\$ \_\_\_\_\_

**3b I am changing my monthly transportation election amount** From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

#### **4. Employee Signature and Authorization**

**I understand:**

- I have elected to have pretax deductions from my pay in order to contribute to the account indicated on this form. Pretax deductions reduce my compensation for tax purposes, which may reduce my Social Security benefit.
- This enrollment will continue until this agreement is amended or terminated as allowed under the plan.
- To change or revoke my election it must be prospective. I must complete a new form and submit the form to my agency/university benefit office to process.
- My employer may change my election if necessary in order to satisfy IRS regulations. The monthly limits are set by IRS. The limits are subject to change at any time and without notice.
- Accounts that are inactive for six consecutive months, without a contribution or qualified claim reimbursement will forfeit to PEBB.
- In general, my claims for reimbursement must have supporting documentation and must be submitted within the required timeline.
- I am responsible to understand the plan, my rights, and my obligations under the plan as specified in my employer's plan materials.
- I understand contributions cannot be refunded without a qualified claim for reimbursement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Submit completed form to your agency payroll or university benefits office.**

**Keep a copy of your benefit forms for your records.**

**Any alteration of this form may result in it being ineffective.**