

## Save Money Traveling to and from Work with a Choice Care Transit and Parking Plan!

A Choice Care Transit and Parking Plan allow you to set aside money out of your paycheck on a **pre-tax** basis to cover certain transit or parking expenses. The plan covers mass transit services, vanpooling and expenses incurred or paid for at auto parking lots and garages.

**How does it work?** – Employees make an election to have money set aside out of their paycheck on a pre-tax basis to cover their commuting expenses. When the commuting expense is incurred, the participant uses their Choice Care Card to pay for the token, ticket, voucher, pass, parking garage, lot, etc. or they submit a claim form with receipt for reimbursement. What's more, enrollment in either of these programs may occur at any time.

Some things to keep in mind prior to enrolling:

- Only the balance in your account is available for reimbursement.
- The employee is the only person covered under this plan. Transit and parking expenses for spouses and dependents are not reimbursable.
- The money in one account cannot be transferred to any other pre-tax account.
- You must save receipts as they will be needed to verify expenses.
- You can enroll in either the transit plan or the parking plan. You don't need one to have the other but you can enroll in both if you have both types of expenses.

## Parking Account

This plan enables you to pay for your work related parking expenses at or near your place of work. Eligible parking services include:

- Monthly or daily parking
- Metered parking
- Parking at a mass transit facility

Parking services **NOT** covered are:

- Parking for business meetings
- Parking that is reimbursed by the company
- Parking costs already deducted from your paycheck.

## Transit Account

This plan enables you to pay for mass transit expenses associated with your commute to work. Eligible transit expenses include:

- Bus or subway vouchers, passes or tokens
- Ferry passes
- Vanpooling and commuter rail

Transit services **NOT** covered include:

- Transit costs reimbursed by the company
- Transit costs already deducted from your paycheck.

## Reimbursement and Documentation Requirements

If the vendor does not accept MasterCard as a method of payment, a claim form may be submitted for reimbursement. Claim forms are available under the “forms” button in the Members section of our website [www.choicecarecard.com](http://www.choicecarecard.com).

Receiving a reimbursement is simple. All you need is a claim form and proper documentation.

- The documentation needs to indicate the date the expense was incurred,
- The cost and the type of expense that was incurred.
- For metered parking, tolls and other cash only services you can create an itemized list detailing the date and the expense incurred.
- Do not submit copies of cancelled checks, credit or debit card receipts.
- Either fax or mail the documentation along with a claim form to Choice Care Card. A check will be sent or a direct deposit will be made if you had requested one on the claim form.

## Transit & Parking Frequently Asked Questions

The parking and transit accounts are two separate benefit accounts that can be used throughout the year to reimburse you for certain out-of-pocket expenses which are directly related to your commute to and from work.

**Q:** What is the maximum I can contribute?

**A:** Parking Account: up to \$230/month  
Transit Account: up to \$230/month

**Q:** Who is covered under this benefit?

**A:** You are the only person covered. Parking and mass transit costs incurred by your spouse or other dependents are not reimbursable.

**Q:** What are the eligible expenses under the parking account?

**A:** Monthly or daily parking, metered parking, parking at a mass transit facility. Note the following expenses are NOT covered: parking for business meetings, parking that is reimbursed by the company, parking costs already deducted from your paycheck.

**Q:** What are the eligible expenses under the transit account?

**A:** Bus vouchers, pass and tokens, ferry passes, van-pooling, and commuter rail. Note the following expenses are NOT covered: transit costs reimbursed by the company and transit costs already deducted for you paycheck.

**Q:** What expenses are associated with vanpooling and carpooling are eligible transit expenses?

**A:** The transit account can be used for van/carpooling only if it is a van service that you are using. Vanpooling or carpooling with a co-worker is not an eligible expense.

**Q:** What documentation do I need?

**A:** Keep all of your receipts, documentation must include a receipt or bill showing the date of transit or parking and the cost. For metered parking/tolls, create and itemized list showing the dates and the cost of parking. The receipt must be certified by your signature.

**Q:** What is the last date receipts can be submitted?

**A:** Receipts for transit and parking can be submitted anytime. There is no limit to when you can claim something.

**Q:** When can I enroll in the transit or parking accounts?

**A:** Parking and transit accounts are continuous accounts that can start or stop at the employees discretion. Enrollment in either of these programs may occur at anytime, and enrollment can stop at anytime as well.

**Q:** When can I change my election amount of the parking/transit account?

**A:** At anytime.

**Q:** What happens at the end of the year?

**A:** There are no year-end employee forfeitures and any remaining balances at the end of the plan year will be rolled into the next year.

**Q:** What if I terminate during the plan year?

**A:** Unclaimed or unused funds in these accounts will be forfeited according to federal law.

**Q:** Are the transit/parking accounts on the same physical card as the medical FSA?

**A:** Yes, you will use the same card for each account. There are different codes which correspond to each account to track the remaining balances.

**Q:** How can I check my account balance?

**A:** Go to [www.choicecarecard.com](http://www.choicecarecard.com) and click on Employee Account balances. Be sure to note that only the balance in your account is available for reimbursement.

**Q:** Where can I get more information?

**A:** You can contact The Choice Care Card at [memberservices@choicecarecard.com](mailto:memberservices@choicecarecard.com) or 888 - 278-2555 x2 Mon - Thur 8a.m. - 7p.m. and Fri 8a.m. - 5p.m.





Please complete, sign and date this claim form. Attach all the appropriate documentation. Your plan is governed by IRS guidelines. In order to satisfy IRS requirements certain documentation is needed to process claims. Lack of the Employee's Social Security Number, missing information and/or insufficient documentation will delay the processing of your claim.

<b>PART A: CLAIMANT DATA</b> (please print)			
<b>COMPANY NAME:</b>			
EMPLOYEE'S LAST NAME	EMPLOYEE'S FIRST NAME	MI	Employee's Social Security
Employee's Mailing Address (Street or PO BOX) <input type="checkbox"/> Check here if this is an address change			Apt. #
City		State	Zip
How should we contact you with questions regarding your claim? <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____			

<b>Part B: REIMBURSEMENT METHOD</b>	
<input type="checkbox"/> Mail me a check via US postal service <input type="checkbox"/> Directly Deposit it into my checking or savings account	
Direct Deposit (ACH): When filing claims manually, I hereby authorize The Choice Care Card to Credit the account indicated below: Account Number: _____ Routing Number (9 digits): _____ Type of Account:      Checking      Savings	

<b>PART C: PARKING AND TRANSPORTATION REIMBURSEMENT AND INFORMATION</b>		
Name of parking facility or transportation service	Dates of Parking or Transit	Amount to be reimbursed
<b>Total:</b>		\$

**PART D: CLAIM SUBMISSION** \*Note: Parking or Transit must be submitted within 180 days from date incurred

Preferred Method: email to [claims@choicecarecard.com](mailto:claims@choicecarecard.com)  
 Alternative Methods: The Choice Care Card | 76 McNeil Road | 2<sup>nd</sup> Floor | Waterbury Ctr, VT 05677 | Fax 1-802-244-2020

**PART E: EMPLOYEE'S STATEMENT**

I understand that I can only be reimbursed for eligible parking and transit services with funds that have been deposited into my transit/parking account. Reimbursed funds will be made payable only to me, not the vendor. Checks will be mailed to the address indicated on the reimbursement request form. If I have elected to have my funds directly deposited into my bank account, I have previously filled out the proper form or have recorded the proper information on this claim form.

I hereby certify that the information contained in Part C, Expenses to be Reimbursed, is true and correct to the best of my knowledge and belief. I understand that I am responsible for providing proof to support each claim expense submitted for reimbursement. Any reimbursed expense later discovered to be ineligible for reimbursement will be taxable to me. In addition, I understand that expenses paid for with pre-tax dollars from my plan cannot be claimed on my income tax return. I will not include amounts paid or eligible for payments under any other health care plan or program, federal, state, or government program, workers' compensation or any other policy of health insurance.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

