

Continual Reimbursement Form Transit and Parking

Note: Debit Card cannot be used with Continual Reimbursement



1 Personal Information

Company Name

Employee Email Address

Employee Name

Employee Social Security Number (Required)

Employee Street Address, City, State, Zip Code

Instructions

1. Complete the parking and transit worksheet (Section 2) with your monthly election for transit and/or parking expenses
* Amount received cannot exceed the monthly maximum election for transit and/or parking expenses
2. Read and sign continual reimbursement section below
3. Complete and sign direct deposit section at the bottom of this form.
* Note: If this section is not filled out, a paper check will be mailed to you each month instead
4. Please email, fax, or mail the completed form to National Benefit Services, LLC using our contact information below
5. **At the end of each year, resubmit a new completed and signed form to continue reimbursement**

2 Parking and Transit Worksheet

\$ _____	\$ _____	From _____	To _____
Total Monthly Election - Transit	Total Monthly Election - Parking	Coverage Period	

3 Continual Reimbursement

Expenses for transit and/or parking may not be reimbursed under the plan prior to the time that the services are rendered. No reimbursement may be paid under the continual reimbursement program for any month in which transit and/or parking are not rendered. It is your responsibility to advise the plan administrator of the cessation or interruption of such services. Your reimbursement will be paid each payroll period. Reimbursements will be made as soon as funds are received by your employer.

4 Employee Signature

I have reviewed the information on this request form and verify that the information listed above and attached is true and correct. I understand that if any changes regarding the continual payment occur, NBS must be notified immediately. Failure to do so could result in additional taxes being applicable for which I would be responsible. **NBS recommends keeping a copy of your parking and/or transit receipts for your records for tax purposes.**

Employee Signature

Date

5 Direct Deposit Information

Your Financial Institution

Checking Account Savings Account
Account Type

Financial Institution Address

Routing Number

Account Number

I (we) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature

Date