

# COMMUTER BENEFITS PLAN ENROLLMENT APPLICATION

Voya Benefits Company, LLC

A member of the Voya® family of companies

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Health Account Solutions, including Health Savings Accounts, Flexible Spending Accounts, Commuter Benefits, Health Reimbursement Arrangements, and COBRA Administration offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). HSA custodial services provided by WEX Inc. For all other products, administration services provided in part by WEX Health, Inc.

## SECTION 1. EMPLOYEE INFORMATION *(Print clearly to ensure your account is set up accurately.)*

Employee Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Social Security Number (SSN) (Required) \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Email <sup>1</sup> (Required.) \_\_\_\_\_

Employer Name \_\_\_\_\_ Division (if applicable) \_\_\_\_\_

## SECTION 2. COMMUTER BENEFITS PLAN PRE-TAX AND POST-TAX ELECTIONS

**Parking Account:** Eligible parking expenses include parking expenses at or near your work location or at a location from which you commute using mass transit.

A. Pre-Tax Contribution / Month (Maximum Election is \$300 / Month)	B. Post-Tax Contribution / Month	C. Total Election (A + B = C)	Benefit Effective Date	First Payroll Date (Required For Mid-Year Enrollments)
\$ _____	_____	\$ _____	_____	_____

**Transit Account:** Eligible expenses include public transportation expenses incurring while commuting to or from work such as train, bus, monorail, streetcar, subway, ferry and other mass transportation systems.

A. Pre-Tax Contribution / Month (Maximum Election is \$300 / Month)	B. Post-Tax Contribution / Month	C. Total Election (A + B = C)	Benefit Effective Date	First Payroll Date (Required For Mid-Year Enrollments)
\$ _____	_____	\$ _____	_____	_____

## SECTION 3. DEBIT CARD

You will automatically receive a set of two identical debit cards that you can use to access Commuter Benefits funds when paying at the point of service/sale or when paying a bill. Debit cards will be mailed to your home address.

Additional and replacement cards can be ordered via your consumer portal, or by contacting Voya at 833-232-4673 or voyasupport@voya.benstrat.com. Fee may apply.

<sup>1</sup> Your email address will not be shared, sold or used for purposes other than contacting you regarding your Commuter Benefits.

## SECTION 4. DIRECT DEPOSIT AUTHORIZATION

If you would like non debit card reimbursements to be direct deposited to your bank account (*rather than receiving paper checks*) fill out the information below EACH PLAN YEAR AND attach a voided check. If you do not complete this information each plan year you will be defaulted to check.


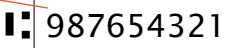
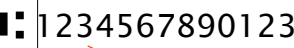

### Direct Deposit Information

Bank Name \_\_\_\_\_ Bank Account Type: ☐ Checking ☐ Savings

Bank Routing Number (9 digits) \_\_\_\_\_ Bank Account Number \_\_\_\_\_

### Sample Check

Routing Number (9 digits)

 <b>Financial Institution</b>	
MEMO _____	Not Negotiable
 987654321	 1234567890123  5678

Account Number

## SECTION 5. SIGNATURES

By signing below, I agree to the following terms and conditions:

- I must make all of my elections carefully and conservatively. Any money unclaimed from my reimbursement account(s) at the end of the plan year will be carried over to the next Plan Year. All parking claims must be submitted for reimbursement no later than 180 days from the date of service. All transit expenses must be incurred using the debit card. My Social Security benefits may be reduced by this election.
- The IRS requires me to keep documentation of all my expenses claimed and supply them to Voya if requested.
- I have read and understood all of the plan details outlined in my Summary Plan Description.

 Employee Signature (Required.) \_\_\_\_\_ Date \_\_\_\_\_

Employer Acceptance (Required.) \_\_\_\_\_ Date \_\_\_\_\_