



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) (1/1/2005)

This restatement (Month / Day / Year) (1/1/2005)

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 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 Date of hire (No service required)
b days after date of hire
c months after date of hire
d years after date of hire

11. ENTRY DATE

- First day of pay period following date requirements were met (See #10)
First day of month following date requirements were met as indicated in #10
Date conditions for eligibility are met (See #10)
First day of Plan Year following date requirements were met as indicated in #10

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

**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.

**18. PAY CYCLE**

- Weekly (52)
- Bi-Weekly (26) First Pay Date: \_\_\_\_\_(required)
- Semi-monthly (24)
- Monthly (12)

**19. BROKER NAME & ADDRESS**

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

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

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

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

\_\_\_\_\_  
(E-mail Address)

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**20. FEES**

	ABPM	AGENT	TOTAL
Initial Set-Up Fee	_____	_____	\$ _____
Annual Re-Enrollment Fee	_____	_____	\$ _____
Fee for Participant/Month	_____	_____	\$ _____
Minimum Monthly Fee	_____	_____	\$ _____
	_____	_____	_____
	_____	_____	_____

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

(Revised July 2006)

1. Total number of Employees: \_\_\_\_\_

2. Total number of Employees eligible to participate: \_\_\_\_\_

3. Highly Compensated Employees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Key Employees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEFINITIONS:**

**HIGHLY COMPENSATED EMPLOYEE (HCE):**

- An officer; or
- A shareholder owning more than 5% of the voting power or value of all classes of stock of the Employer; or
- Highly compensated based on compensation level, to mean an Employee who earns in excess of \$100,000 in the prior Plan Year or, if elected by the Employer, who was in the 20% top-paid group; or
- A spouse or dependent of an individual described above.

**KEY EMPLOYEE:**

- An officer of the Employer with annual compensation greater than \$140,000 (as indexed for cost-of-living adjustments); or
- A more-than-5% owner of the Employer; or
- A more-than-1% owner of the Employer with annual compensation in excess of \$150,000 (not indexed).



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