ELECTION TMA

A valuable part of your benefits program includes the Transportation Management Account (TMA). The TMA lets you pay for qualified transportation and parking expenses with pre-tax dollars. In other words, the money you deposit into your TMA will never be taxed – stretching the purchasing power of every dollar you set aside in your TMA.

EMPLOYEE INFORMATION			
Name:		Company:	
Email:		Department/Division:	
Home Phone:		Work Phone:	
Date of Birth:		Hire Date:	
Home Address:		First Payroll Effective Date:	
		Remaining # Pay Periods this Plan Year:	
Social Security #:		Pay Frequency:	

Your Company has adopted this Tax-Free Transportation Program to recognize the contribution made to the Employer by its Employees. Its purpose is to reward them by providing benefits for those Employees who shall qualify hereunder. The concept of this program is to allow Employees to choose among different types of benefits based on their own particular goals, desires, and needs. The purpose of this Program is to provide tax-free transportation benefits in lieu of otherwise taxable compensation. It is intended that this Program comply with the requirements of Internal Revenue Code § 132(f).

The amount of any reimbursement shall not exceed the accumulated amount in said account at the time of the reimbursement, nor any of the following monthly limitations:

MONTHLY PAYROLL DEDUCTION						
Effective Date: mm/dd/yyyy		Parking:	$	Transit:	$	☐ Updating current deduction amount.

Monthly Limitation for Transit Pass Expenses and Commuter Highway Vehicle Expenses:
Reimbursements for combined expenses for Transit Pass Expenses and Commuter Highway Vehicle Expenses will not exceed the monthly value as set forth in Code § 132(f), as adjusted for inflation. For 2025 the limitation on such value is $325 per month.

Monthly Limitation for Qualified Parking Expenses:
Reimbursements for Qualified Parking Expenses will not exceed the monthly value as set forth in Code Section 132(f), as adjusted for inflation. For 2025, the limitation on such value is $325 per month.

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's plan. The undersigned participant in the Plan understands that expenses are "incurred" when a service is performed or care is provided, not when the bill is paid. The undersigned certifies that all expenses for which reimbursement or payment is claimed on this form were incurred on the dates of service stated above. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

Signature: _____ Date: _____

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