



# AMERICAN BENEFITS GROUP

## CLIENT INFORMATION FORM - COMMUTER ACCOUNTS

### Company Profile

Legal Name of Organization: \_\_\_\_\_ Broker of Record: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Officer (signer): \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Website URL: \_\_\_\_\_ Employer Fed Tax ID#: \_\_\_\_\_

# of Years in Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ # of Years at Location \_\_\_\_\_

Affiliated Employers (*list*): \_\_\_\_\_  None

**Organization Type** (*please check*):  Privately Owned  Publicly Owned

**Ownership Structure** (*please check*):  Principal Ownership Under 25%  Principal Ownership Over 25%

**Type of Incorporation** (*please check*):  Non-Profit Organization  Government Agency  
 Partnership\*  Sole Proprietorship\*  LLC (*Limited Liability Company*)\*  
 Sub-chapter "C" Corporation  Sub-chapter "S" Corporation\*  Other \_\_\_\_\_

\* **Note:** Subchapter S Corporation shareholders above the 2% level **may not** participate, but they may sponsor a plan for their employees. In addition, family members and close relatives of these shareholders **may not** participate. LLC, LLP and Sole Proprietors **may not** participate, but may sponsor a plan for their employees. However, if the spouse is a bona fide employee of the firm, he or she may participate and use the benefit for the entire family.

**Type of Business** (*please check*):  Business to Business  Business to Consumer  
 N/A Government Agency  N/A Non-Profit International Presence  Yes

### COBRA

Is ABG Administering your COBRA?  Yes  No

COBRA Administrator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Form Submittal by Printed Name

Form Submittal by Signature

Form Submitted Date

## Commuter Transit and Parking

### Plan Design

Under Section 132 of the IRS tax code, an employer can allow employees to set aside a portion of their salary to pay for qualified parking and transit expenses. The employee will not be taxed on these amounts as long as they are used for qualified expenses and do not exceed the statutory monthly limits. The commuter benefit allows employees to make changes on a monthly basis, employees should only withhold the amount they need for each month.

Plan Effective Date: \_\_\_\_\_

Name of Previous TPA: \_\_\_\_\_

Who will be responsible for processing run-out claims:  Previous Administrator  ABG

Check here if this is a short plan year: Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

Check here if this is a mid-year takeover: Start Date: \_\_\_\_\_ Take-over Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Do you wish to offer your employees a Transportation benefit?**  Yes  No

If **Yes**, state the monthly limit you will allow:  Maximum Federal Limit  Other Amount \$ \_\_\_\_\_

**IMPORTANT:** Transit expenses can only be paid by using the ABG Benefits Card. Upon termination any remaining funds will be forfeited. No manual claim reimbursements.

**Do you wish to offer your employees a Parking benefit?**  Yes  No

If **Yes**, state the monthly limit you will allow:  Maximum Federal Limit  Other Amount \$ \_\_\_\_\_

Will you allow employees to make after tax contributions?  Yes  No

### Termination

Employee's coverage ends on the day of their termination. How many days after their termination do employees have to submit claims for Parking reimbursement incurred prior to termination?  3 months Other \_\_\_\_\_

Since Section 132 does not have a **Use-or-lose** provision, unused funds are allowed to rollover, however funds remaining upon termination for Parking can only be accessed by submitting claims for expenses incurred while employee was an active participant in the Plan. **Funds remaining for Transit will be forfeited.**

### Commuter Payroll Contributions *(please complete all applicable fields)*

Will you be submitting ongoing payroll files?  Yes  No

If **No**, ABG will assume payroll contributions based on the frequency below.

FREQUENCY	PLAN START DATE	PLAN END DATE	FIRST PAYROLL DATE	LAST PAYROLL DATE	NO. OF PAYROLLS PER PLAN YEAR
Monthly					
Semi-Monthly					
Weekly					
Other					

Monthly contributions will be available for what benefit month:

Current Benefit Month  Next Benefit Month  Other \_\_\_\_\_



## REIMBURSEMENT ACCOUNTS FUNDING AGREEMENT

New Account       Change of Account      Effective Date: \_\_\_\_\_

**American Benefits Group** does not hold Flexible Spending Account funds for our clients, and no payroll deductions should be sent to American Benefits Group. Our funding mechanism for the reimbursement of your plan participants' claims requires that you, the client, provide American Benefits Group and the debit card company MBI (M&I) Bank, with authorization to draft funds from your designated bank account. It is your responsibility to ensure that said account is funded adequately. By completing the form below you are authorizing American Benefits Group to draft funds from your designated bank account to reimburse your participants' claims. Please check and sign for each reimbursement method that you are authorizing: Debit Cards; Direct Deposit; Check.

**IMPORTANT:** Please note that when the bank account is initially set up there will be a pre-authorization transaction of \$1.00; this pre-authorization is a requirement to verify the account information. Debits will show as **M&I Bank, Med-I-Bank or MBI Benefits Inc** and the Company ID is **1383261866**. **If there are ACH failures you will be billed \$25 for each failure.**

### Authorized Bank Account Information

We \_\_\_\_\_ by signing next to the methods of reimbursement below, authorize American Benefits Group to reimburse claims by drafting funds from:

Bank Name \_\_\_\_\_

Routing #: 

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      Account #: 

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Please attach a VOIDED copy of the account holder's check.

**Reimbursement Methods:** As an employer sponsoring Reimbursement Accounts for your employees the following Reimbursement Methods are available to you:

- ABG Benefits Card Replenishments:**  
Debit card transactions make funds available to your plan participants with the swipe of a card. The funds for these card swipes will be drafted from your designated employer bank account on a daily basis, a daily email will be sent to you advising you of this transaction.

**Card will be available for the following FSA Plans:**

- Health FSA       DCAP       Commuter Transit       Commuter Parking

**Card will be available for the following HRA Expenses:**

- RX       213D expenses

By signing below you are confirming that your bank will allow transactions with **ID:1383261866** labeled as: M&I Bank or Med-I-Bank. **If there are ACH failures you will be billed \$25 for each failure.**

\_\_\_\_\_  
Signature of Authorized Signer on Bank Account

\_\_\_\_\_  
Printed Name

**Bank Draft Paired with Direct Deposit to Participant:**

Manual claims will be reimbursed once a week, the funds will be drafted from your authorized bank account and will be directly deposited to the participant's authorized bank account. These drafts will display on the employer's bank statement on Wednesdays labeled as American Benefits Group Claim Pmt with a company ID of **9165530001**.

By signing below you are confirming that your bank will allow transactions made by American Benefits Group with **ID: 9165530001** labeled as: Claim Pmt. **If there is are ACH failures you will be billed \$25 for each failure.**

\_\_\_\_\_  
Signature of Authorized Signer on Bank Account

\_\_\_\_\_  
Printed Name

**Check Reimbursements:**

In the event that all of your reimbursement account participants will not be providing Direct Deposit Authorization for manual claim reimbursements, you can agree to have American Benefits Group issue these reimbursements as checks. These checks will be issued from your authorized bank account using the signature of your authorized signer and available starting check numbers that you provide in section below. American Benefits Group provides the check stock needed for writing these checks, you may find a sample in the **Administrator's Guide**. In the case that an employee loses or destroys a check, American Benefits Group will contact you, it is the Employer's responsibility to stop payments on lost or damaged employee checks. Once the check payment has been stopped, ABG will issue the employee a new check.

An image of the signature entered in the box to the right, will be printed on all checks issued pursuant to this agreement. Checks will be issued using the following starting check number . . .

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Signature of Authorized Signer on Bank Account

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Either the Company or the Client may terminate this agreement at any time by a notice in writing, mailed to or delivered at the last known address of the other party, and that any payments due at the date of such termination, or thereafter falling due, shall be payable by the Client in accordance its obligations as Administrator under its Reimbursement Plan(s).