

Commuter Benefit Plan

Savings for your workplace mass transit and parking expenses

Enrolling in a commuter benefit plan saves you money each month, and our convenient options and tools make it easy.

Are you paying more taxes than you need to?

By enrolling in a commuter benefit plan (CBP), you can pay for qualified workplace commuting expenses with tax-free contributions, meaning you will not pay federal income taxes, social security (FICA) taxes, or state income taxes (may vary by state) on these expenses. When you enroll in the plan, you will indicate how much you want to contribute to your Mass Transit and/or Parking Account.

What are eligible commuting expenses?

Qualified (or eligible) workplace commuting expenses must be for mass transit and/or parking expenses incurred between a residence and place of employment.

Qualified mass transit expenses include: buses, trains, subways, ferries and vanpools. Ridesharing services like LyftLine and uberPOOL can be qualified commuting expenses when using the **Beniversal®** or **eTRAC® Prepaid Mastercard®**.

Qualified parking expenses include parking expenses incurred near your workplace (e.g. SpotHero) or at a location from which you commute to work (e.g. park-and-ride).

How do I determine my election amount?

When using the **Beniversal** or **eTRAC Prepaid Mastercard**, set your Mass Transit and/or Parking election equal to your total monthly expense. Your election is how much money you choose (elect) to have deducted from your paycheck and deposited into your account. If you decide to enroll in both a Mass Transit and Parking Account, you must **sign up for them separately** and **fund separate elections for each account** to cover your monthly commuting expenses.

Your contributions will be deducted tax-free up to the IRS monthly maximums. The current tax-free limits can be found in your plan documentation or under the CBP FAQs on www.BenefitResource.com. Review the "Tips for using your card" section on the back for more ways to get the most out of your account.



Tax Savings Example

Monthly commuter expense	\$200
Monthly tax savings (Federal, State, FICA)	\$60
Annual tax savings	\$720

The figures above are for illustration purposes only. Actual savings and tax rates may vary.

Calculate your personalized tax savings at www.education.BenefitResource.com

Use your card with LyftLine & uberPOOL!
Visit the **CBP Resource Center**

Key Information

- Calculate your potential tax savings at: <https://www.education.BenefitResource.com/CBPsavings>
- Your election(s) will remain in effect until you submit an election change. Check with your employer on how and when changes must be submitted.
- Any extra money in your account rolls over and can be used for future qualified expenses. Excess cash balances cannot be refunded from an account and can only be used for qualified expenses.
- If you build up a balance, you may temporarily reduce your election to \$0 in order to spend down the balance and remain active in the plan.
- Plan funds must be used for qualified commuting expenses.

For additional plan details, contact your employer or see your plan documentation.



Once your payroll deductions begin, they will be posted to the corresponding account(s) and available to use for eligible commuting expenses.

Learn more about CBP accounts or view our video presentation at www.BenefitResource.com

BRi Benefit Resource, Inc.
www.BenefitResource.com

How do I access my commuter benefit plan?

Using your card

After initial enrollment, you will receive the [Beniversal Prepaid Mastercard](#) or [eTRAC Prepaid Mastercard](#) to use at qualified mass transit and/or parking vendors. As of January 1, 2016, workplace mass transit expenses must be purchased using the card. In the unlikely event that a merchant does not accept the card for eligible parking and vanpooling expenses, claim reimbursement is available. See "Submitting a claim" below.



Tips for using your card:

- **Elect the full cost of your mass transit and/or parking expense.** Your election will be deducted on a tax-free basis up to the current limit. Any remaining amount needed to cover your monthly expense will be deducted on a post-tax basis. The entire election amount will be loaded to your card.
- **Limit purchases to the available balance.** Before making a purchase, verify your balance with the BRiMobile app. You can also log into your online account on BRiWeb to ensure you have enough money on your card to cover the full cost of your expense.
- **Use it like a debit or credit card.** If asked, select CREDIT to sign for the purchase or DEBIT to enter a PIN. To request a PIN, call (855) 247-0198. There is no ATM or cash access associated with this card.
- **Link your card for recurring expenses or reload programs.** If you are enrolled in an auto-reload program, monthly online subscription, or online payment program, your card can be linked to the program as the payment source.

Submitting a claim

If a merchant does not accept the card, claim reimbursement is available for eligible parking and vanpooling expenses.

For eligible parking expenses:

- **Online at www.BenefitResource.com**
Once logged in, go to the Submit Claims/Receipts section. Follow the on screen instructions.
- **Through the BRiMobile app**
Download the BRiMobile app from the Apple App Store or Google Play.
- **By faxing/mailing a claim form**
Claim forms can be downloaded and printed from the Forms tab of www.BenefitResource.com.

For eligible vanpooling expenses (including LyftLine and uberPOOL):

- **By faxing/mailing a claim form along with a receipt or supporting documentation**
Claim forms can be downloaded and printed from the Forms tab of www.BenefitResource.com.

Just a reminder: Please submit claims for eligible parking and vanpooling expenses to Benefit Resource within 180 days of the service being provided.

Get your reimbursements faster! Use direct deposit. Log into your account on BRiWeb from www.BenefitResource.com and sign up for direct deposit under the Profile section.

The Beniversal and eTRAC Prepaid Mastercards are issued by The Bancorp Bank pursuant to license by Mastercard International Incorporated. Mastercard is a registered trademark of Mastercard International Incorporated, and the circles design is a trademark of Mastercard International Incorporated. The Beniversal and eTRAC cards are accepted at qualified merchants accepting Debit Mastercard. The Bancorp Bank; Member FDIC. © 2018 Benefit Resource, Inc. All rights reserved.

Account Support

Log into BRiWeb

BRiWeb is your secure participant login for managing your accounts, viewing balances and submitting claims for eligible parking and vanpooling expenses.

Go to www.BenefitResource.com and click on *Participants* under *Login*. You will be redirected to BRiWeb. If you have not set a personalized Login ID, you will need to register with the following information:

Company Code: Provided by your employer.

Member ID: Default Login ID selected and provided by your employer.

Download the BRiMobile app

BRiMobile is your on-the-go account access for viewing balances and recent transactions and submitting claims for eligible parking and vanpooling expenses. Download the BRiMobile app from the Apple App Store or Google Play.

Access QuickBalance

QuickBalance provides instant access to account balance information from any phone or web connection. Simply have your card available and call (888) 99MYBAL.

For questions, contact Participant Services

Phone: (800) 473-9595, Monday - Friday, 8am - 8pm (Eastern Time)

Email:
ParticipantServices@BenefitResource.com

Live Chat: Available through the participant log in at www.BenefitResource.com



245 Kenneth Drive ♦ Rochester NY 14623-4277
(866) 996-5200 ♦ www.BenefitResource.com



ENROLLMENT FORM

COMMUTER BENEFIT PLAN

245 Kenneth Drive
Rochester NY 14623-4277
Phone: (800) 473-9595
www.BenefitResource.com

(PLEASE PRINT CLEARLY)

EMPLOYER:

EFFECTIVE DATE OF ENROLLMENT: / /

A. EMPLOYEE INFORMATION

Member ID:

Employee Name: (Last) (First) (MI)

Home Address: (Street) (Apt #)

(City) (State) (Zip Code)

Home Phone #: Birth Date: / / Gender: Male Female

Hire Date: / / Employee Status (please check one): Full-Time Part-Time

Email Address: _____

(Note: Benefit Resource, Inc. will only use your email address to communicate with you regarding your plan.)

B. COMMUTER BENEFIT PLAN (CBP) ACCOUNTS

Please enter your CBP election(s):	Type of Account	Monthly Election
	<input type="checkbox"/> Parking	\$ _____
	<input type="checkbox"/> Mass Transit	\$ _____

C. EMPLOYEE CERTIFICATION *Return signed form to your employer.*

- I have received and read the printed material which explains my Commuter Benefit Plan and my options under it. I understand that any expenses paid under this plan must be eligible workplace commuting expenses as governed by Internal Revenue Service regulations and must not be reimbursed from any other source. I also understand that by signing and submitting this enrollment form, I am making an election that will remain effective until a change form is submitted during open enrollment or when a permissible change has occurred. Any choices above may be modified only as defined in the plan.
- I authorize the amount(s) above to be deducted from payroll as indicated and also authorize any necessary advance on salary deduction (as described herein).
- I authorize the issuance of a Prepaid MasterCard® Card ("Card"). I agree to use the Card only for eligible plan expenses and to be bound by all provisions of the Cardholder Agreement sent to me with my Card. Furthermore, I understand that if my Card is used for expenses other than those defined in the plan or if I violate the terms of the Cardholder Agreement, my account may be suspended and I will reimburse the plan for the expenses. I also agree to have any non-approved expense and/or applicable replacement card expense deducted from my paycheck on an after-tax basis as an advance on salary.
- I understand that Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. I also understand that I may be required to provide identifying information (e.g. Member ID, address and date of birth) when making inquiries about my Card. I understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.

Signature: _____ Date: ____ / ____ / ____

D. PAYROLL DEDUCTION INFORMATION *Employer must complete this section for employee to be enrolled.*

- Deduction cycle:** monthly semi-monthly bi-weekly (2 per month) weekly (4 per month)
- Pay Date of first CBP deduction(s):** ____ / ____ / ____
- Card Issue Month:** _____

Your Prepaid MasterCard Card is issued by The Bancorp Bank pursuant to license by MasterCard International Incorporated. The Bancorp Bank; Member FDIC. MasterCard is a registered trademark of MasterCard International Incorporated.