

Enrollment/Change Form

Parking & Transit Plan

Administered by *BASIC pacific*

EMPLOYER Name: **Berkeley Unified School District**

Last day of plan year: **12/31/2020**

Section 1 - Employee Information				
FIRST NAME	LAST NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		CITY	STATE	ZIP CODE
DATE OF BIRTH	DAYTIME PHONE NUMBER	E-MAIL ADDRESS (Required)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
CHECK ONE: <input type="checkbox"/> NEW ELECTION / <input type="checkbox"/> ELECTION CHANGE		<input type="checkbox"/> CHECK IF THIS IS A NEW ADDRESS	Enter the effective date of this new or changed election: ____/____/____	

Instructions

1. Complete Section I — Employee Information. Make sure to include your email address and indicate your enrollment status.
2. Complete Section II — Elections. Indicate the accounts you will enroll in and the amount you elect to contribute EACH MONTH.
3. Complete Section III — Signature. Return the enrollment form to your Employer PRIOR TO your enrollment deadline.

I understand the rules of IRC Section 132 allow me to use part of my salary on a pre-tax basis to purchase one or more of the following qualified benefits. I hereby elect to participate in my employer's Section 132 Parking & Transportation Plan as I have indicated below.

Section II – Enter your MONTHLY elections below			
Benefit	Participate?	MONTHLY ELECTION	
Parking Account Maximum of \$265 per month	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Election \$_____	
Transit Account Maximum of \$265 per month	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Election \$_____	
Debit Card Authorization	Your plan includes TWO initial Debit Cards at no cost to you (Debit cards are good for 3 years. Please retain accordingly.)		

This election will remain in effect and cannot be revoked or changed until the first day of a calendar MONTH unless the revocation or change is on account of and consistent with federal regulations. I hereby authorize and direct my employer to reduce my salary by the amount(s) I have elected effective on the date entered above (the effective date must be after the date you sign this form).

Section III – Employee Signature	
<input type="checkbox"/> YES, the above benefits have been explained to me and I elect to participate as indicated.	
EMPLOYEE SIGNATURE: _____	DATE: ____/____/____

Section IV - To be completed by Employer				
AUTHORIZED ER SIGNATURE _____	Select One Employee Paycycle: <input type="checkbox"/> M10/EOM-SKIP7/8 (CLS) <input type="checkbox"/> M10/EOM-SKIP7/8/12 (CRT) <input type="checkbox"/> M12/EOM (12) <input type="checkbox"/> M10/Special (15)	BENEFITS EFFECTIVE DATE (May not precede date employee signs) _____	Select One: <input type="checkbox"/> CERTIFICATED <input type="checkbox"/> CLASSIFIED	Date of Hire: _____ Date of 1st Payroll Deduction: _____

Please see the reverse for important information regarding the above benefits.

Additional Information for Parking Account

- Currently, the maximum reimbursement that you may receive for parking expenses during any month is established by the IRS (**\$265 per month**). Any employer subsidy or contribution will count towards the IRS monthly limit.

Additional Information for Transit Account

- Currently, the maximum reimbursement that you may receive for mass transit and van pooling expenses during any month is established by the IRS (**\$265 per month**). Any employer subsidy or contribution will count towards the IRS monthly limit.

Direct Deposit

- All direct deposit reimbursements will be initiated on the same day as the normal check reimbursement date. Direct deposits may take up to two (2) business days to appear in your bank account.

Payroll Deductions

- Deduction changes may only be made on a prospective basis. Changes are permitted to take effect on the first day of any calendar **month**. To change your election, you must complete a new enrollment form and return it to your employer prior to the start of the calendar **month** for which you want your change to be effective.

Eligibility

- Any person who is not a common law employee, who owns more than 2%-of the shares or voting power of an S-Corporation, or is partner in an LLC, PLLC, Partnership, or LP is ineligible to participate in the Parking or Transit accounts.

Rollover

- After the last day of each Plan Year, any unclaimed balance in your prior year account(s) will roll-over and be available for use during the new plan year.
- If you lose your eligibility to participate in the Plan, you will not be eligible to receive reimbursement for expenses incurred after the date that you lose your eligibility.
- For Parking benefits, you will forfeit any remaining balance left in your account following your final filing date, which may be limited. Therefore, it is recommended that you submit a reimbursement request for any qualifying expenses immediately following your loss of coverage to avoid forfeiting funds.
- For Transit benefits, any unspent funds following your loss of eligibility will be forfeited as cash reimbursement is not available.