Transportation Benefit Plan Questionnaire

Employer Information

Employer Company Name	
Employer EIN	
Employer Organization Type	
Corporation, Limited Liability Company, Partnership, S Corporation, Sole Proprietorship, Non-Profit Organization, Estate, Professional Corporation, Governmental Entity or Church	
Employer Organization State	

Employer Primary Contact Information

Contact Name (First & Last)	
Address	
Address	
City	
State	
Zip	
Phone Number	
Email Address	

Affiliates

If Applicable, please complete an affiliates questionnaire as well

An affiliate generally means:

- Subsidiaries which are owned (at least 80% ownership) by the plan sponsor
- Other companies which are owned (at least 80% ownership) by a parent company which also owns 80% of the plan

Would you like to add a custom appendix item to the table of contents? (if unsure choose no) YES / NO	

Transportation Questionnaire

Plan Administration Information

Plan Name	
Plan Number (6XX)	

Plan Administrator (Only if different from Employer)

Name	Address	City	State	Zip

Claims Administrator (Only if different from Employer)

Name	Address	City	State	Zip
Alerus	PO Box 64535	St. Paul	MN	55164

Plan Information

Is this Plan new or a restatement?	New / Restatement	
If this is a brand new plan for your company, please select "New." If you are amending and restating a previous plan, please select "Restatement"		
Plan Year Start	mm/dd/yyyy	
The Plan Year Start should be consistent with the plan year for all other group benefits if possible. Do not back date a plan year start.		
Plan Year End	mm/dd/yyyy	
The date on which this Plan Year ends - typically the end of the calendar year or the end of the 12th month after the Plan Year Start - with the exception of short plan years.		
Original Effective Date (only if Restatement)	mm/dd/yyyy	
Amended and Restated Date (only if Restatement)	mm/dd/yyyy	
Short Plan Year	YES / NO	
Renewal Year Start (only if short Plan year)	mm/dd/yyyy	
State the date on which the Plan year that follows the short plan year will start.		
Renewal Year End (only if short Plan year)	mm/dd/yyyy	
State the date on which the Plan year that follows the short plan year will end.		

Transportation Questionnaire

Plan Information

Plan Includes	• Only Transportation • Only Parking • Both	
Parking and Transportation are considered separate accounts and may be offered as such or, both accounts can be made available as well		
Parking Contribution Max	$	
The IRS maximum is $340 but the employer can set a lesser amount. Some states may require a lesser amount for personal tax exclusions for employer-provided parking benefits. Be sure to check with your state for this limit.		
Do you want to include an employer contribution for Parking?	YES / NO	
Employer Parking contribution amount	$	
Transit Contribution Max	$	
The IRS maximum is $340 but the employer can set a lesser amount. Some states may require a lesser amount for personal tax exclusions for employer-provided transit and commuter highway vehicle benefits. Be sure to check with your state for this limit.		
Do you want to include an employer contribution for Transit?	YES / NO	
Employer Transit contribution amount	$	
Year End Runout (days)		
Select the number of days participants have to submit claims for reimbursement after the plan year end.		
Terminated Employee Year End Runout (days)		
Select the number of days terminated employees have to submit claims for reimbursement after the date of termination.		
Amounts not used during the plan year shall:	• Be Forfeited • Be Carried Over to the Next Plan Year	
Select how funds will be handled at plan year end (including runout period).		
Do you want to include the Bicycle Commuter Benefit?	NO / YES	NO
The 2017 Tax Cut and Jobs Act removed the benefit for bicycle commuting expenses. If an employee is paying these expenses out of their paycheck, that payment will now be taxed as income.		
Does your plan offer its participants a debit card?	NO / YES	YES
Beginning after December 31, 2015, employers are no longer permitted to provide qualified transportation fringe benefits in the form of cash reimbursement in geographic areas where a terminal-restricted debit card is readily available. Refer to Section 1.132-9(b) Q/A-16(b)(5) and (b)(6) for additional information		
Do you want to include language regarding manual claims and cash reimbursement?	NO / YES	

Transportation Questionnaire

Employee Eligibility

Include Employees that work _____ hours or more per week.

The PPACA generally states that, beginning in 2015 or 2016, as applicable, all employees working 30 hours or more per week are eligible for Plan benefits. However, the Plan may allow employees who work fewer than 30 hours per week to be eligible for the Plan.
Exceptions may also exist for companies with less than 50 employees or for non-group health plan coverage.

Exclude the following
Select the employee classes that will not be eligible to participate under the plan. Exclusions must be included in the plan document.

Union	NO / YES	
Non-Resident Aliens	NO / YES	
Hourly Employees	NO / YES	
Salaried Employees	NO / YES	
Leased Employees	NO / YES	
Other Exclusions		

Entry Into Plan

- Same as Employer's group medical plan
- 1st Day of the month following date of hire
- 1st Day of the month following date requirements were met
- 1st Day of pay period following waiting period
- Date that conditions of eligibility are met