Transit benefit (CERA) Enrollment or change form

BENEFITHelp Solutions

** This information is mandatory. Enrollment may be delayed if fields with an asterisk are not filled out.*

Section 1 Application reason

PLEASE PRINT CLEARLY

* Reason for application	* Change reason	* Date of request

Section 2 Account holder information

* First name	M.I.	* Last name	* Date of birth	* Membership identification or SSN

* Mailing address	* City	* State	* ZIP

* Email address	* Contact number

* Employer	* Group identification number (if known)
Norris & Stevens, Inc.	9210

Section 3 Benefit election (check all that apply)

☐ Wave participation — You will not be eligible to participate in the transit benefit until the next period of coverage unless an applicable change of status occurs. Please notify your employer of any change in status promptly.

	Date of first pay period deduction	Number of remaining pay periods	Pay period amount	* Annual election (up to $3,120)
☐ Enroll me in the transit benefit for transit passes and vanpooling No more than $260 is eligible for reimbursement each month				
☐ Enroll me in the transit benefit for parking No more than $260 is eligible for reimbursement each month				

Pay period amount x Pay periods in the plan year = Annual election

Section 4 Modify an election

☐ Please transfer my account balance from parking to transit and vanpooling
☐ Please transfer my account balance from transit and vanpooling to parking

Section 5 Reimbursement (for explanations, please review page 2)

Benefits card	☐ I would like a Benefits MasterCard	☐ I already have a Benefits MasterCard	
Direct deposit	☐ Enroll me in direct deposit	☐ Checking ☐ Savings	Bank name
	Routing number	Account number	

Section 6 Authorization

I have read and agree to the terms and conditions on pages 1 and 2 and authorize my employer to reduce my salary on a per-pay-period basis.

* Employee signature	* Signature date
X	

Please return to your human resources or benefits department upon completion.

Questions? Contact BenefitHelp Solutions at 888-398-8057.

Commuter expense reimbursement form

BENEFIThelp Solutions

To help us process your reimbursement request quickly, please print clearly and return this form as instructed. Please complete all sections of this form. If the application is incomplete or additional information is required, your reimbursement may be delayed. Please do not use a fax cover sheet.

☐ Check box if this claim is to offset a previously submitted ineligible expense.

Section 1 Account holder information

*First name	M.I.	*Last name	*Membership identification
*Mailing address	*City	*State	*Zip
*Contact number	*Email address		☐ New address
*Employer			*Group identification (if known)

Section 2 Reimbursement request

1	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
2	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
3	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
If you need more space, please use page two. Each page will contain its own total. Please review the timelines and substantiation requirements documented in your summary plan description for eligibility criteria.					* Total on this form $ 0.00

Section 3 Authorization (please read and sign below)

I acknowledge and certify that:

- The information submitted with this reimbursement request is accurate and complete to the best of my knowledge.
- I am requesting reimbursement for my own personal expenses.
- These services have already been provided or paid for.
- I have not and will not seek reimbursement for this expense from any other plan or party.
- If the **No receipt provided in everyday course or business** box is checked, the provider of the service does not provide receipts.
- I understand BenefitHelp Solutions reserves the right to deny a claim if I have not provided substantiation and it is actually available or if there is reason to believe the expense is not qualified as defined under the conditions in my Summary Plan Document.

* Employee signature	* Signature date

** Reimbursement may be delayed if fields with an asterisk are not filled out.*
*** You may use the benefit service dates or the benefit paid date as the service date for reimbursement and monthly maximum purposes*

Ready to submit? Mail, fax or submit this form online to BenefitHelp Solutions.

Mail: BenefitHelp Solutions, P.O. Box 67230, Portland OR 97268 Fax: 888-249-5058 Online: benefithelpsolutions.com
Questions? Contact BenefitHelp Solutions at 888-398-8057.

Additional reimbursement requests

Account holder information

*First name	M.I.	*Last name	*Membership identification

*Employer	*Group identification (if known)

Reimbursement request

4	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
5	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
6	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
7	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
8	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
9	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
10	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
11	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
12	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	
13	☐ Parking ☐ Mass transit	* Parking or transit provider			* Out of pocket cost
	* Benefit start date (MM/DD/YY)	* Benefit end date (MM/DD/YY)	** Benefit paid date (MM/DD/YY)	☐ Receipts or third-party documentation attached ☐ No receipt provided in everyday course of business	

If you need more space, please use page two. Each page will contain its own total. Please review the timelines and substantiation requirements documented in your summary plan description for eligibility criteria.	* Total on this form $ 0.00