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www.bmsllc.net

ELECTION FORM FOR TRANSPORTION BENEFIT PLAN
PLEASE COMPLETE ALL FIELDS ON THE FORM AND PRINT CLEARLY AND LEGIBLY

Employer _____ Employee Name _____

Social Security # _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone() _____ E-mail Address _____

Debit Card Information for Participants: I understand that a Transit Debit Card will be ordered for me based on the election(s) indicated below. NOTE: I agree to use the Debit Card for only qualified medical and/or qualified daycare expenses. I understand that qualified expenses paid with the card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the card from any other source. I also understand that if a payment is made that is not for qualified expenses under IRS guidelines, If I fail to reimburse the Plan, I authorize the Plan Sponsor to withhold such non-qualified expenses, including taxes, penalties, fines, or surcharges, from my payroll to the extent permitted by law. Also, the debit card agreement that is sent to me with my card outlines the individual participant's responsibility for proper use. **EXTRA CARDS:** *If you wish to order extra cards for your spouse and/or dependents, please visit your employee website at www.bmsllc.net or contact BMS after the start of the Plan Year. Must be for a qualified dependent under IRS rules and regulations. A fee of \$1.50 per additional card issued will be deducted from your FSA.* **IMPORTANT:** Before using a card, a participant must follow the instructions on the Card sticker to activate the card. **If the card is not activated, transactions will decline at the point of sale.**

(Check all boxes that apply)

- 1. Transit Passes:** I authorize my employer to deduct the amount noted below per month (\$325 per month maximum for 2025, less employer contributions if applicable) and my deduction will be per pay on a pre-tax basis from my paycheck to pay for Transit Pass(es)). I intend to use Transit Pass(es) to pay the fare for public transportation.

Name of Organization Providing Transit Pass(es): _____

Monthly Cost of Mass Transit: _____

Per Pay Cost of Mass Transit: _____

- 2. Qualified Parking:** I authorize my employer to deduct the amount noted below per month (\$325 per month maximum for 2025, less employer contributions if applicable) and my deduction will be per pay on a pre-tax basis from my paycheck to pay for parking each month at the following location:

Name of Garage or Parking Lot: _____

Location: _____

Monthly Cost of Parking: _____

Per Pay Cost of Parking: _____

I understand that, by making the above election that the costs for the coverage(s) that I elect will be deducted from my paycheck on a pre-tax basis. I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. I understand that I can revoke my election and make a new election by submitting a new Election Form prior to the first day of the next monthly pay period. I agree that my paycheck will be reduced by the amount of my indicated contribution for the Transportation Benefits I have elected, and such deductions will continue for each pay period until this agreement is amended or terminated. I have read and agree to the terms set forth in this agreement and certify that I will use the Transportation Benefits elected **ONLY** for purposes of commuting to and from work at the Employer, as well as certify that I have accurately listed costs of commuting to and from my home via mass transit or commuter highway vehicle and the cost of qualified parking. Certain eligible Transit Plans are designed with the ability to add a Debit Card to the Plan. If applicable, it is imperative you read all details provided with the issued card to satisfy IRS requirement for transaction verification.

Employee Signature: _____ Date _____

MUST BE COMPLETED BY EMPLOYER	Date of Hire (mm/dd/yy) ____/____/____	Effective Date of Participation (mm/dd/yy) ____/____/____
	First payroll deduction date (mm/dd/yy) ____/____/____	Pay Cycle _____ Dept _____
	10/2026 version	