

Commuter Benefit Plan 2007

For Pre-Tax Mass Transit & Parking Expenses



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PRESENTED BY
TRUST ADMINISTRATORS, INC.
WWW.TRUSTADMIN.COM



CBP

SAMPLE FROM TRUST ADMINISTRATORS, INC.
COMMUTER BENEFIT PLAN - EMPLOYEE SUMMARY

Plan Year: Start: January 1, 2007 End: December 31, 2007

MASS TRANSIT & PARKING BENEFITS FROM MORE THAN ONE EMPLOYER

Some employees have two or more jobs. Each employer may establish a CBP with employees electing to reduce their compensation up to the federal limits outlined in this Employee Summary.

PLANNING YOUR EXPENSES & ENROLLMENT

Estimate your average monthly commuter expenses for the Plan Year indicated above.

Using the CBP's Enrollment Form, indicate the amount you want deducted for the year and return it to Human Resources. The amount elected will be deducted evenly each pay period throughout the year.

CHANGING YOUR CONTRIBUTIONS - MODIFICATIONS - CARRY-OVER CONTRIBUTIONS

You may enroll, disenroll or modify your contributions at any time by notifying Payroll or Human Resources. You do not need a life event or status change like a Flex-Plan. However, so the administration does not become difficult, please try to minimize those changes and plan carefully.

A CBP does not have a "use-it or lose-it" rule like a Flex-Plan.

There is no carry-over of unclaimed contributions. Instead, your funds are returned to you as taxable income after the grace period (see below). Remember, you may change your contributions at any time, but only on a prospective basis (going forward), not retroactive.

If your commuter expenses do not change month to month (e.g. you purchase a monthly transit pass or park at a lot at the same rate each month), modifications should not be necessary.

VIEW YOUR ACCOUNTS ONLINE

Go to: www.trustadmin.com • Click Account Lookup.
 Enter your Social Security Number.

ONLINE ACCOUNT LOOK-UP
 "ACCESS" NUMBER: To Be Assigned
 PASSWORD: To Be Assigned

EXAMPLES OF EMPLOYEE SAVINGS

<u>Example 1</u>	<u>With Plan</u>	<u>No Plan</u>	<u>Example 2</u>	<u>With Plan</u>	<u>No Plan</u>
Employee Income	\$32,500.00	\$32,500.00	Family Income	\$45,000.00	\$45,000.00
Transit [\$60/Mo.]	<u>-720.00</u>	<u>-0.00</u>	Parking [\$180/Mo.]	<u>-2,160</u>	<u>-0.00</u>
Taxable Pay	\$31,780.00	\$32,500.00	Taxable Pay	\$42,840.00	\$45,000.00
Estimated Taxes	<u>-7,797.00</u>	<u>-8,295.00</u>	Estimated Taxes	<u>-17,316.00</u>	<u>-18,292.00</u>
After-Tax Income	\$23,983.00	\$24,205.00	After-Tax Income	\$25,524.00	\$26,708.00
Transit [\$60/Mo.]	<u>0.00</u>	<u>-720.00</u>	Parking [\$180/Mo.]	<u>0.00</u>	<u>-2,160.00</u>
Spendable Income	\$23,983.00	\$23,485.00	Spendable Income	\$25,524.00	\$24,548.00
Tax-Free Income with CBP: <u>\$498.00</u>			Tax-Free Income with CBP: <u>\$976.00</u>		

Your savings may differ based on exemptions, deductions, contributions to retirement, etc.

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FILING CLAIMS & REIMBURSEMENT OF EXPENSES

After incurring a commuter or parking expense, file a claim with Trust Administrators, Inc. (TAI). Include documentation (copies of transit ticket, monthly Fast Pass, parking receipt). You may also file annual claims - see Claim Form for details. If a parking receipt is unavailable, complete the "Parking Without Receipt" form that is available from your H.R Dept. or TAI's website under "Forms." TAI will reimburse you per the schedule listed on the Claim Form included with this Summary. Extra Claim Forms are available from Human Resources and online. You have an extra 90 days after the end of each plan year to submit last year's expenses. This is referred to as the "grace" period.

REIMBURSEMENT OF EXPENSES UPON TERMINATION

IRS regulations provide that if you terminate employment during the plan year, your last CBP contribution and reimbursement will be prorated to the date of termination.

Claims may be submitted upon termination at any time during the balance of the plan year, including the grace period (90 days after the plan year ends).

PLANNING YOUR COMMUTER EXPENSES
HOW MUCH WILL YOU SAVE?

2007 TAX TABLES with FICA & Medicare							COMMUTER WORKSHEET	
		Filing Status						
Income Tax Brackets		Single	MFJ	MFS	HOH	Mass Transit Monthly Limit: \$110 (\$1,320 per yr.)	Parking Monthly Limit: \$215 (\$2,580 per yr.)	
\$1 - \$7,825	17.65	17.65	17.65	17.65		1. Annual Gross Income (Yours & Spouse)	_____	
7,826 - 11,200	22.65	17.65	22.65	17.65		2. List Annual Commuter Expenses:		
11,201 - 15,650	22.65	17.65	22.65	22.65		A. Mass Transit	_____	
15,651 - 31,850	22.65	22.65	22.65	22.65		B. Parking	_____	
31,851 - 42,650	32.65	22.65	32.65	22.65		TOTAL	_____	
42,651 - 63,700	32.65	22.65	32.65	32.65		3. Find Taxable Income. Multiply Tax Rate % by Line 2 and Enter Result to compute tax savings.	<div style="border: 1px solid black; padding: 5px; display: inline-block;">\$</div>	
63,701 - 64,250	32.65	32.65	32.65	32.65				
64,251 - 77,100	32.65	32.65	35.65	32.65				
77,101 - 97,500	35.65	32.65	35.65	32.65				
97,501 - 97,925	29.45	26.45	29.45	26.45				
97,926 - 110,100	29.45	26.45	34.45	26.45				
110,101 - 128,500	29.45	26.45	34.45	29.45				
128,501 - 160,850	29.45	29.45	34.45	29.45				
160,851 - 174,850	34.45	29.45	34.45	29.45				
174,851 - 178,350	34.45	29.45	36.45	29.45				
178,351 - 195,850	34.45	29.45	36.45	34.45				
195,851 - 349,700	34.45	34.45	36.45	34.45				
349,701 & Over	36.45	36.45	36.45	36.45				
Add State Taxes of 3% to 9% for Extra Savings if applicable. Social Security Limit for 2007 is \$97,500; salaries above that amount save 6.2%, but Medicare payments of 1.45% continue.						Example: Earn \$80,000 and file as Single. Commuter expenses amount to \$,1200 per calendar year. Tax savings is \$427.80 (\$1,200 X .3565)		
© 2006 Royce A. Charney, J.D. Trust Administrators, Inc. 1970 Broadway, Suite 1140 • Oakland, CA 94612 Telephone: 510-451-2810 • Fax: 510-451-8611						Online Calculator at www.trustadmin.com Questions: 800-932-3539		

SAMPLE FROM TRUST ADMINISTRATORS, INC.
COMMUTER BENEFIT PLAN - ENROLLMENT FORM



Plan Year: Start: January 1, 2007 End: December 31, 2007

CBP

Print Clearly

Employee Name _____ Social Security # _____ - _____ - _____

Home Address (Street) _____

City _____ State _____ Zip code _____

E-Mail Address _____ Home Telephone (_____) _____

ELECTION TO PARTICIPATE

I authorize pre-tax deductions from my salary for the Commuter Benefit Plan (CBP). I understand the annual amount selected will be deducted evenly each pay period throughout the plan year. The monthly amounts shall not exceed the amounts indicated below. I also understand that I may stop, increase or decrease my deductions as well as enroll during the plan year when my transportation expenses change and I cannot forfeit contributions. I cannot be reimbursed for expenses prior to my enrollment date.

I incur the following work related transportation expenses. I may enroll in both accounts if I have both expenses.

MASS TRANSIT • \$110 PER MONTH • \$1,320 PER CALENDAR YEAR

"Transit Passes" such as tokens, farecards, vouchers or monthly passes \$ _____

"Vanpools" or "Commuter Highway Vehicles" having a seating capacity of at least 6 adults (not including the driver). \$ _____

ANNUAL AMOUNT \$ _____

PARKING • \$215 PER MONTH • \$2,580 PER CALENDAR YEAR

Parking at or near Employer's worksite or to a location for commuting to work by carpool, vanpool or mass transit.

ANNUAL AMOUNT \$ _____

Employee Signature _____

Date _____

TRUST ADMINISTRATORS, INC.
QUESTIONS? 800-932-3539
www.trustadmin.com
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Effective Date for Deductions

Completed by Employer _____

Distribution: Original to Employer • Copies for Participant and TAI

**SAMPLE FROM TRUST ADMINISTRATORS, INC.
 COMMUTER BENEFIT PLAN - CLAIM FORM**



Plan Year: Start: January 1, 2007 End: December 31, 2007

CBP

**> Reimbursement
 Schedule**

Print Clearly

Employee Name _____ Social Security # _____ - _____ - _____
 Home Address (Street) _____ Check Box if
 New Address
 City _____ State _____ Zip code _____
 Daytime Phone (_____) _____ Check Box if Date _____
 Terminated: Terminated: _____
 E-Mail Address _____

ONLINE ACCOUNT LOOKUP:

GO TO: www.trustadmin.com • Click Account Lookup. Enter your Social Security Number.

ONLINE ACCOUNT LOOK-UP
 "ACCESS" NUMBER: To Be Assigned
 PASSWORD: To Be Assigned

FILING CLAIMS:

- (1) Complete Form listing expenses. Attach extra Forms if needed. SIGN and DATE below.
- (2) Attach copies of receipts and **YOU KEEP THE ORIGINAL DOCUMENTS** for your records.
- (3) Mail to Trust Administrators, P.O. Box 20710, Oakland, CA 94620
 [Be sure your postage is correct and documents legible.]

Filing an Annual Claim: File your first claim with sample expense documentation (e.g. transit pass or parking receipt) for the amount you enrolled and you will not have to file future claims unless your mode of transportation changes (e.g. you start using train instead of a vanpool). If you change, just send new claim form with new documentation.

FAX CLAIM: 510-451-8611 • QUESTIONS: 800-932-3539

COMMUTER EXPENSES

DESCRIBE EXPENSE TRANSIT • VANPOOL • PARKING	INDICATE PERIOD OF SERVICE (Monthly or Annual)	AMOUNT CLAIMED

Vanpool License Number: _____ \$

> Employee Signature _____ Date _____

I certify this claim is accurate and the attached documentation (with the exception of metered parking) represents a sampling of my transportation expenses. I understand I may not claim duplicate expenses from another CBP.

SAMPLE FROM TRUST ADMINISTRATORS, INC.
DIRECT DEPOSIT AUTHORIZATION FORM



This form not required for reimbursement through Employer's payroll system.

All Information Required - Print Clearly - Sign & Date Where Indicated

Instructions: Use this Form to commence, change or cancel your direct deposit with TAI. Allow up to three weeks from the date TAI receives your Form to activate your account because of processing by the Federal Reserve. Reimbursement will occur only upon submission of a claim form. You must sign, date and include with this Form a "voided" check - no deposit slips. Write "Void" across the middle of the check (make sure the account numbers are legible). Reimbursement will follow the schedule outlined below.

If you have previously filed a Direct Deposit Form for Flex, HSA or HRA, you do not have to complete this Form.

> REIMBURSEMENT SCHEDULE

Employee Name _____ Social Security # _____ - _____ - _____

Home Address (Street) _____

City _____ State _____ Zip Code _____

Daytime Phone (_____) _____

E-Mail Address _____

Check boxes as applicable:

Start Direct Deposit: [] Change Account: [] Cancel Account []

Indicate Type of Account:

Checking Account: [] Savings Account []

Fax this Form with your voided check to 510-451-8611 and TAI will obtain the U.S. Federal Reserve's routing and account numbers on your behalf. Remember, no deposit slips.

> Employee Signature _____ Date _____