Trans Spend Acct

Company Data:

Company Information:

1. Name of adopting employer (Plan Sponsor):
2a. Plan Sponsor address line 1:
2b. Plan Sponsor address line 2:
3. Plan Sponsor city:
4. Plan Sponsor state:
5. Plan Sponsor zip:
6. Plan Sponsor phone AC/Number:
7. Plan Sponsor fax AC/Number:

Additional Company Information:

8. Plan Sponsor EIN:
9. Plan Sponsor fiscal year end:
10a. Plan Sponsor entity type:
[ ] C Corporation [ ] S Corporation [ ] Non profit [ ] Partnership [ ] Limited Liability Company [ ] Limited Liability Partnership [ ] Sole Proprietorship [ ] Union [ ] Government agency [ ] Other
10b. If **10a** is "Union", enter name of the representative of the parties who established or maintain the Plan:
10c. If **10a** is "Other", enter Plan Sponsor entity type:
11. State of organization of Plan Sponsor:
12a. The Plan Sponsor is a member of an affiliated service group:
[ ] Yes [ ] No
12b. If **12a** is "Yes", list all members of the group (other than the Plan Sponsor):
13a. The Plan Sponsor is a member of a controlled group:
[ ] Yes [ ] No
13b. If **13a** is "Yes", list all members of the group (other than the Plan Sponsor):

Contact Information:

21. Contact name:
22. Contact title:
23. Contact salutation:
24. Contact phone:
25. Contact fax:
26. Contact email:

Notes:

30. Notes

Plan Data:

A.   GENERAL INFORMATION

A. General

1a.   First line of Plan name:
1b.   Second line of Plan name:
2a.   Original effective date of Plan:
2b.   Is this a restatement of a previously-adopted plan?
        [　] Yes [　] No
2c.   If **A.2b** is "Yes", effective date of Plan restatement:
3.   Plan Year End (Month Day):

A. Plan Features

4.   Contributions to pay for Transportation in a Commuter Highway Vehicle are permitted:
        [　] Yes [　] No
5.   Contributions to pay for Qualified Parking are permitted:
        [　] Yes [　] No
6.   Contributions to pay for Qualified Bicycle Commuting Expenses are permitted:
        [　] Yes [　] No
7a.   Contributions to pay for Transit Passes are permitted:
        [　] Yes [　] No
7b.   Indicate whether transit passes are readily available (and will be purchased by the Company):
        [　] Yes [　] No

A. Miscellaneous

8.   Enter date to place on cover of the Plan Description:
9.   File Number:
10.   User Defined Field #1
11.   User Defined Field #2
12.   User Defined Field #3
13.   User Defined Field #4
14.   User Defined Field #5

B.   ELIGIBILITY

B. Eligible Employee

1.   All Employees will be eligible to participate in the plan
        [　] Yes [　] No
2.   Eligible Employee will include only the limited classes in **B.2** or will include all Employees except the
        limited classes listed in **B.3**:
        [　] Limited classes eligible [　] All Employees except limited classes eligible
3.   If **B.2** is "Limited classes eligible", describe the classes of Employee **eligible** to particpate in the Plan:
4.   If **B.2** is "All Employees except limited classes eligible", describe the classes of Employee who are
        ineligible to particpate in the Plan:

B. Service Requirements

5.   Minimum age requirement for an Eligible Employee to become eligible to be a Participant in the Plan
        [　] None [　] 21 [　] 20-1/2 [　] 20 [　] 19 [　] 18

6a.   Minimum service requirement for an Eligible Employee to become eligible to be a Participant in the Plan:
[ ] None [ ] Specified number of hours of service [ ] Specified number of days of service [ ]
Specified number of months of service [ ] Specified number of years of service

6b.   If **B.6a** is "None" enter the number of hours/days/months/years required under **B.5b**:

7a.   Frequency of entry dates:
[ ] Immediate [ ] first day of the calendar month [ ] first day of each plan quarter [ ] first day
of the first month and seventh month of the Plan Year [ ] first day of the Plan Year [ ] Other dates

7b.   If **B.7a** is "Other dates" describe the frequency of entry dates

7c.   If **B.7a** is not "Immediate", selection of entry date:
[ ] coincident with or next following [ ] next following

8a.   Indicate whether the Plan will make any other revisions to the eligibility rules specified in **B.6 - B.8**:
[ ] Yes [ ] No

8b.   If **B.8a** is "Yes", describe any further modifications to the eligibility rules specified in **B.5 - B.7**:

C.   PLAN OPERATIONS

C. Elections

1.   When may Participants **modify** elections regarding contributions:
[ ] Each Pay period [ ] Monthly [ ] Quarterly [ ] Semi Annually [ ] Annually [ ]
Pursuant to Plan Administrator procedures

2.   Indicate whether the plan will provide for automatic enrollment:
[ ] Yes [ ] No

3.   Describe the deadline for the submission of claims in days (cannot be greater than 180):

4a.   Specify whether the Plan provides for an earlier deadline for claimssubmission for Terminated Participants:
[ ] Yes [ ] No

4b.   Describe the deadline for the submission of claims for terminated Employees in days (cannot be greater
than 180):

C. Company Contributions

5a.   Indicate whether the Company will contribute to the Plan:
[ ] Yes - in Company's sole discretion [ ] Yes - pursuant to a fixed method [ ] No

5b.   If **C.5a** is "Yes - pursuant to a fixed method", describe how the contributions are determined:

C. Plan Administrator

6a.   Designation of Plan Administrator:
[ ] Plan Sponsor [ ] Committee appointed by Plan Sponsor [ ] Other

6b.   If **C.6a** is "Other", Name of Plan Administrator:

D.   CUSTOM LANGUAGE APPENDICES

D. Custom Language

1.   Enter custom language that is to be added as an Addendum to the Document.

E.   ADMINISTRATIVE ELECTIONS

J. General

1.   Indicate the employee identification method that is used on all forms:
[ ] Employee ID [ ] Social Sec Number [ ] None

J. Plan Contacts

5a.   Claims should be submitted to:
            [   ]   Plan Sponsor   [   ]   Other
5b.   If **E.5a** is other, indicate name where claims should be sent:
5c.   If **E.5a** is other, indicate address where claims should be sent:
5d.   If **E.5a** is other, indicate phone where claims should be sent:

J. Joinder Agreement

10.   For purposes of generating a Joinder Agreement, enter the names of all employers who have adopted the plan other the lead plan sponsor separated by a semicolon:

J. SPD Custom Language

100.   Enter custom language to appear as an addendum to the Summary Plan Description: