

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:
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

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):

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
6a. Contributions to pay for Transit Passes are permitted:
[] Yes [] No
6b. Indicate whether transit passes are readily available (and will be purchased by the Company)
[] Yes [] No

Miscellaneous

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

B. Eligibility

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 participate in the Plan:
4. If **B.2** is "All Employees except limited classes eligible", describe the classes of Employee who are **ineligible** to participate in the Plan:

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 not "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

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):

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:

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:
- 7a. Claims should be submitted to:
 Plan Sponsor Other
- 7b.i. If **C.7a** is other, indicate name where claims should be sent:
 7b.ii. If **C.7a** is other, indicate address where claims should be sent:
 7b.iii. If **C.7a** is other, indicate phone where claims should be sent:

D. Custom Language Appendices

Custom Language

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

