



If you need help completing this application call 1-888-755-3373

Section 132 Commuter Plan Application



Employer Information for Plan Documents

First Name _____ Last Name _____ (document signer)

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Form of Business: S Corporation C Corporation LLC Partnership Sole Proprietorship Non-Profit 501(c)(3)

Employer Federal ID#: _____ State of Inc.: _____ Number of Employees: _____

Legal Name(s) of Affiliated Company(ies) that will be covered by the Plan (if any):

1) _____

2) _____

Name of Plan Administrator: (Employer unless otherwise listed)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Plan Year - The first plan year will be:

a) a 12 consecutive month period beginning (date) _____ and ending (date) _____

b) a short plan year beginning (date) _____ and ending (date) _____

Eligibility Requirements: All employees who work more than _____ hours per week.

Waiting Period: Employees can participate the first day of the month following _____ days of employment.

Choose Your Plan Options:

Section 132 Commuter & Parking Expense Plan Document \$ 99.00 (Plus \$15 Shipping & Handling)

Rush Order (Include your FedEx # _____) \$ 29.00

Summary Plan Description & Election Forms on a Disk \$ 29.00

Sub Total	\$ _____
Shipping and Handling	+ 15.00
Total To Be Billed	\$ _____

If paying by credit card, please complete the following information

Card Type: VISA MasterCard Discover American Express

Card Number: _____ Expiration Date: ____/____

Name as it appears on card: _____

Card billing address for verification purposes:

Address: _____

City _____ State _____ Zip _____

X _____ Date: _____
Signature

Please sign and fax completed form to (941)795-4802. If paying by check, fax a copy of your check with this order form. We can process your check with a copy of the original via E-Commerce. FAX: (941)795-4802