

SECTION 132 TRANSPORT/PARKING BENEFITS PLAN

PLAN DESIGN AND ADOPTION AGREEMENT

I. EMPLOYER DATA

Legal Name:	Fed Tax ID:
Street Address:	
Mailing Address:	
City:	State: Zip: Phone: ()
Contact Person:	Fax: ()
E-mail Address:	State of Incorporation:

Employer Entity:

C Corp Partnership Nonprofit Corp Professional Service
 S Corp Church Sole Proprietorship Governmental Entity
 LLC or LLP Tax-Exempt Org.

If the employer is part of a Controlled Group of Companies, list the legal names of the other companies here. Circle the names of affiliated employers who will adopt the Plan:

II. PLAN INFORMATION

Plan #	Original Plan Effective Date	CPN Plan Effective Date	CPN Takeover Date	Plan Year Beginning	Plan Year Ending
132					

NOTES: _____

III. CONTRIBUTIONS

____ Employee Salary Reductions
____ Employer Contributions: _____
____ Electronic Funds Transfer (authorization required)

IV. ELIGIBILITY REQUIREMENTS

Employees in the following categories will be **excluded**:

- ____ Part-time employees working less than ____ hours per week
- ____ Under the age of ____ (not to exceed 21 years)
- ____ Commission Employees
- ____ Contract Employees
- ____ Union Employees

V. PARTICIPATION DATE

____ First day of each month after ____ days of continuous employment (waiting period)
____ The day after satisfying eligibility requirements.

VI. BENEFIT OPTIONS

Account Type	Plan Year Maximum	Optional Minimum Age	Eligibility Service
____ Transport (\$340/Monthly Reimbursement Maximum)			
____ Parking (\$340/Monthly Reimbursement Maximum)			

VII. CLAIMS REIMBURSEMENTS

Reimbursement checks will be:
____ mailed directly to employee’s address
____ direct deposited to employee’s account

Terminated employees will be allowed to file claims for a period of ____ days following date of termination.

Active Employees shall have ____ days **after** the end of each plan year to submit expenses against their prior plan year for dates of service that incurred during that eligibility period.

VIII. DEBIT CARD/REIMBURSMMENT FEATURE

- Check box if Transport/Parking will be linked to the CPN flex card. Note: These benefits are not pre-funded. Funds will only be available based on contributions withheld from employees payroll check and posted to the appropriate account on file with CPN.
- Check box if Transport/Parking will **not** be linked to the CPN flex card. Claims will be processed through manual claim submission.

IX. ELECTION CHANGES

Changes in election amounts are allowed at the beginning of each new Plan Year. The scope of these acceptable changes are detailed in Section 5.4 of the Plan Document. Any other options may be limited by legal or administrative restrictions.

X. PAYROLL DIVISIONS

Payroll Frequency	First Deduction Date	2 nd Deduction Date	# Deductions 1 st Plan Year
10 12 24 26 52			
10 12 24 26 52			
Other:			

The completion of the attached Calendar (s) **must** be completed in full for each and every payroll your company has available. If you have more than one, please indicate each payroll cycle by color coding on the calendar provided.

Method of payment for Transport/Parking payroll contributions:

- Employer will send via ACH to CPN
- Employer accepts CPN to pull funds (appropriate document to be completed)

XI. AUTHORIZATION

The Employer hereby agrees to the provisions of this Adoption Agreement, and in witness of its agreement, the Employer by its duly authorized officers, has executed this Adoption Agreement in this _____ day of _____, 20__.

EMPLOYER: _____

BY: _____
Authorized Officer Title

Note:

Corporate Planning Network, Inc., will not accept the responsibility for the accuracy of the administration and/or governmental filings for any plan year prior to your contract date with us. However, on a fee basis, we will prepare IRS reporting forms and are willing to assist you in any problem areas you may have with your past plan administration.

CPN, INC.

<p>Doc Fee \$ _____</p> <p>Compliance Fee \$ _____</p> <p>Monthly Admin Fee \$ _____</p>
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