



Research Foundation of the City Univ NY

Research Foundation of the City Univ NY
230 West 41st. Street 7th Floor
New York, NY 10036
Federal Employer I.D. Number: 13-1988190

Research Foundation of the City Univ NY Transportation Benefit Plan

Summary Plan Description

Amended and Restated January 01, 2025

TABLE OF CONTENTS

I. Eligibility

- 01. HOW CAN I PARTICIPATE IN THE PLAN?
- 02. WHEN CAN I ENTER THE PLAN?
- 03. WHAT MUST I DO TO ENROLL IN THE PLAN?

II. Contributions

- 01. CAN I CHANGE MY ELECTION DURING A COVERAGE PERIOD?
- 02. WHAT IS MY "TRANSPORTATION EXPENSE REIMBURSEMENT ACCOUNT"?
- 03. HOW IS MY ACCOUNT FUNDED?

III. Benefits

- 01. WHAT IS AN "ELIGIBLE TRANSPORTATION EXPENSE"?
- 02. WHAT IS THE MAXIMUM QUALIFIED TRANSPORTATION EXPENSE BENEFIT I MAY ELECT?

IV. Benefit Payments

- 01. HOW DO I PAY FOR EXPENSES UNDER THE PLAN?
- 02. WHAT HAPPENS TO THE MONEY IN MY ACCOUNT WHEN THE PLAN YEAR ENDS?
- 03. WHAT HAPPENS IF MY EMPLOYMENT IS TERMINATED?
- 04. HOW LONG WILL THE PLAN REMAIN IN EFFECT?
- 05. WHAT HAPPENS IF A REQUEST FOR REIMBURSEMENT IS DENIED?
- 06. WHAT EFFECT WILL PLAN PARTICIPATION HAVE ON SOCIAL SECURITY AND OTHER BENEFITS?

V. General Information About the Plan

- 01. GENERAL PLAN INFORMATION
- 02. EMPLOYER INFORMATION
- 03. PLAN ADMINISTRATOR INFORMATION
- 04. TYPE OF ADMINISTRATION
- 05. CLAIMS QUESTIONS

INTRODUCTION

The Research Foundation of the City Univ NY Transportation Benefit Plan ("Plan") has been established by Research Foundation of the City Univ NY (the "Company" or the "Employer") to allow Eligible Employees to pay for certain transportation and/or parking costs on a pre-tax basis. There are specific benefits that you may elect, and they are outlined in this Summary Plan Description.

The benefits provided under this Plan are intended to be excludable from gross income under Section 132(f) of the Internal Revenue Code.

Read this Summary Plan Description (this "SPD") carefully so that you understand the provisions of the Plan and the benefits you can receive.

This SPD was designed to provide you with information regarding the Company's Transportation Benefit Plan. If this SPD does not answer all of your questions, please contact the Plan Administrator (or other assigned person). The name and address of the Plan Administrator can be found in the Section of this SPD titled: "Plan Administrator Information".

I. Eligibility

01. **How can I participate in the Plan?**

Before you can become a participant in the Plan, there are certain conditions that you must satisfy. First, you must be an active employee working 0 hours or more per week and meet the other eligibility requirements

02. **When can I enter the Plan?**

An Eligible Employee shall become a Participant when the following condition(s) is/are met:

First of the month following date of hire

03. **What must I do to enroll in the Plan?**

Assuming you are eligible, you become a participant by signing an individual salary reduction agreement, thus electing to participate in the Plan.

II. Contributions

01. **Can I change my election during a coverage period?**

No. Once a salary reduction agreement is entered into, it cannot be changed during the period to which it relates. However, changes may be made to your election for future periods, provided that the change is made before the period to which it relates.

02. **What is my "Transportation Expense Reimbursement Account"?**

If you elect benefits under the Plan, your employer will establish and maintain a transportation expense reimbursement account ("Account") to keep a record of the reimbursements to which you are entitled.

03. **How is my Account funded?**

When you complete the salary reduction agreement, you specify the amount of Eligible Transportation Expense benefits you wish to pay for with your salary reductions. Thereafter, your Account will be credited with that portion of your salary that you have elected to pay through salary reduction.

III. Benefits

01. **What is an "Eligible Transportation Expense"?**

Eligible Transportation Expenses include:

1. **"Parking Expenses"** - that is, expenses incurred to park your car on or near the business premises of your employer, or expenses incurred to park your car at a location from which you commute to work by (a) mass transit facilities, (b) a Commuter Highway Vehicle, or (c) carpool.
2. **"Transit Pass Expenses"** - that is, expenses incurred for a pass, token, fare card, voucher, or similar item (a "Pass") for transportation (a) on mass transit facilities, whether or not publicly owned, or (b) provided by any person in the business of transporting persons for compensation or hire if such transportation is provided in a vehicle with a seating capacity of at least six adults (excluding the driver). Transit Pass Expenses also include, but are not limited to, expenses incurred for any smartcard, terminal-restricted debit card or other debit card where the use of the card has been electronically restricted to the purchase of fare media for the appropriate transit system.

Any amount in the Participant's account that has not been used for reimbursement of Eligible Transportation or Parking Expenses incurred prior to the end of the Coverage Period and 90 day Run-out Period, will be carried over to the next plan year.

3. **"Commuter Highway Vehicle Expenses"** - that is expenses incurred for transportation in a "Commuter Highway Vehicle" if such transportation is in connection with travel between your residence and place of employment. A "Commuter Highway Vehicle" is any highway vehicle with a seating capacity of at least six adults (not including the driver), and for which at least 80% of the mileage (i) is for purposes of transporting employees in connection with travel between their residences and their places of employment, and (ii) is on trips during which the number of employees transported for such purposes is, on average, at least half of the adult seating capacity of the vehicle (not including the driver).

02. **What is the Maximum Qualified Transportation Expense benefit I may elect?**

The maximum amount you may contribute to the Account cannot exceed the maximum amount specified below:

For Parking Expenses: \$325.00/month

For Transit Passes and Commuter Highway Vehicle Expenses (combined total): \$325.00/month

The Internal Revenue Service may adjust these monthly maximum limits from year-to-year to account for inflation. These amounts are the maximum amounts that are excludable for federal income tax purposes. Some states may have lower amounts for state income tax purposes. Be sure to check with your employer or your state Department of Revenue to determine the excludable amount for state income tax purposes in your state.

IV. Benefit Payments

01. How do I pay for expenses under the Plan?

When you incur an expense that is eligible for reimbursement, you must complete and submit a Request for Reimbursement (a "Request") to the Employer within 180 days after the date you incurred the expense; provided, all Requests must be submitted no later than 90 days after the end of the Plan Year in which the Eligible Transportation Expense is incurred. The Plan Administrator will provide you with acceptable forms for submitting these requests for reimbursement. As a general rule, you must submit a receipt (or other third party verification) along with your Request. You will be notified in writing if any request for reimbursement is denied.

Cash reimbursement for mass transit is allowed only if Transit Passes, vouchers, debit cards or smart cards, (or some similar item that may be exchanged only for Transit Passes), are not readily available for direct distribution through your Employer.

Your employer will provide you with a debit card or smartcard to use to pay for Eligible Transportation Expenses under the Plan. The Administrator will provide you with further details about the card.

02. What happens to the money in my account when the plan year ends?

Any amount in the Participant's account that has not been used for reimbursement of Eligible Transportation or Parking Expenses incurred prior to the end of the Coverage Period and 90 day Run-out Period, will be carried over to the next plan year.

03. What happens if my employment is terminated?

If your employment is terminated, all Requests must be submitted within 60 days after your termination date. Any funds in your Account for which a Request is not submitted within 60 days after your termination date will be forfeited.

04. How long will the Plan remain in effect?

Although the Employer expects to maintain the Plan indefinitely, it has the right to modify or terminate the Plan at any time. It is also possible that future changes in state or federal tax laws may require that the Plan be amended accordingly.

05. What happens if a request for reimbursement is denied?

If you are denied reimbursement under this Plan, the Employer or plan administrator will notify you in writing within 90 days of the date you submitted your Request. Such notification will set out the reasons your Request was denied.

06. What effect will Plan participation have on Social Security and other benefits?

Plan participation will reduce the amount of your taxable compensation. Accordingly, there could be a decrease in your Social Security benefits or other benefits (e.g., pension, disability and life insurance) that are based on taxable compensation.

If you have any further questions regarding the terms of this Plan, please contact the Plan Administrator listed under the Section titled: "Plan Administrator Information" of this SPD.

V. General Information About The Plan

This Section contains certain general information which you may need to know about the Plan.

01. **General Plan Information**

Research Foundation of the City Univ NY Transportation Benefit Plan is the name of the Plan.

Your Employer has assigned Plan Number 620 to the Plan.

The provisions of the Plan became effective January 01, 2002, which is called the Effective Date of the Plan.

The Plan's records are maintained on the basis of a twelve-month period. This is known as the Plan Year. The Plan Year begins on January 01 and ends December 31.

02. **Employer Information:**

The Employer's name, address are:
Research Foundation of the City Univ NY
230 West 41st. Street 7th Floor
New York, NY 10036
Federal Employer I.D. Number: 13-1988190

03. **Plan Administrator Information:**

The name, address are:
Research Foundation of the City Univ NY
230 West 41st. Street 7th Floor
New York, NY 10036

04. **Type of Administration:**

The type of Administration is Employer Administration

05. **Claims Questions:**

Claims on expenses should be submitted to:
Advanced Benefit Strategies, Inc. (ABS)
30 Mill street
Unionville, CT 06085

The Plan Administrator keeps the records for the Plan and is responsible for the administration of the Plan. The Plan Administrator will also answer any questions you may have about the Plan. You may contact the Plan Administrator for any further information about the Plan.