



**PENSION DYNAMICS**  
COMPANY LLC

**Peralta Community College District**  
**Pre-Tax Commuter Expense Program**  
**EMPLOYEE HANDBOOK**

Plan Year: January 1, 2017 - December 31, 2017

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*Working together to build your tomorrow*

Administered by

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[Click here](#) to download the new Employee User Guide for the Participant Portal

*A benefit opportunity for the employees of Peralta Community College District,  
operating under Section 132 of the Internal Revenue Code*

**PERALTA COMMUNITY COLLEGE DISTRICT  
PRE-TAX COMMUTER EXPENSE PROGRAM**

Peralta Community College District is pleased to sponsor an employee benefit Program known as the “Peralta Community College District Pre-Tax Commuter Expense Program” (the “Program”) for you. Peralta Community College District is providing you with the opportunity to use pre-tax dollars to pay for eligible Commuter Expenses by entering into a salary reduction arrangement.

This Program Summary describes the basic features of the program, how it operates, and how you can get the maximum advantage from it. In the event there is a conflict between this summary and the Program itself, the terms of the Program will control. Upon request, you may obtain a copy of the actual Pre-Tax Commuter Expense Program document from the Program Administrator (Peralta Community College District).

**Identification of Program:**

**Company Name:** Peralta Community College District  
**Program Name:** Peralta Community College District Pre-Tax Commuter Expense Program  
**Address:** 333 East 8th Street  
**City:** Oakland, CA 94606

**What Is A Pre-Tax Commuter Expense Program?**

A Pre-Tax Commuter Expense Program, also known as a Section 132 Program, allows you to use pre-tax dollars to pay for your Qualified, Work Related, Transportation and Parking Expenses.

**Who Can Participate?**

As an employee of Peralta Community College District, you are eligible to participate in this Pre-Tax Commuter Expense Program as of the first of the month following your date of hire. This Plan is only for reimbursement of your own Commuting Expenses, not those of your spouse or other family members.

**What Tax Advantages Are Available Through The Program?**

The Program permits you to pay for eligible Commuter Expenses (defined in Q & A – 8) with pre-tax dollars through salary reduction rather than after-tax pay. The use of pre-tax dollars reduces your taxable income and you save income, Social Security and other taxes on the amount of your salary reduction.

	<b>Without Commuter Program</b>	<b>With Commuter Program</b>
<b>Monthly Base Salary</b>	\$3,000.00	\$3,000.00
Pre-Tax Transportation	<b>(0.00)</b>	<b>(100.00)</b>
Pre-Tax Parking	<b>(0.00)</b>	<b>(150.00)</b>
<b>Adjusted Taxable Income</b>	3,000.00	2,750.00
Federal Withholding	<b>(600.00)</b>	<b>(550.00)</b>
State Withholding	<b>(150.00)</b>	<b>(137.50)</b>
Social Security Tax	<b>(186.00)</b>	<b>(170.50)</b>
Medicare	<b>(43.50)</b>	<b>(39.88)</b>
CA SDI	<b>(36.00)</b>	<b>(33.00)</b>
<b>Subtotal</b>	\$1,984.50	\$1,819.12
<b>Expenses</b>		
Pre-Tax Transportation	<b>(100.00)</b>	<b>Paid by Plan</b>
Pre-Tax Parking	<b>(150.00)</b>	<b>Paid by Plan</b>
<b>Spendable Income</b>	<b>\$1,734.50</b>	<b>\$1,819.12</b>

**This is a savings of \$84.62 a month which equals a total savings of \$1,015.44 annually.**

## How Do I Enroll?

Assuming you are eligible, you become a Participant by completing the attached Pre-Tax Commuter/Parking Enrollment Form and submitting it to your Human Resources representative. Your participation will begin on the first of the month following your submission. Your deductions will be taken monthly thereafter.

## May I Enroll In Both The Parking And The Transportation Accounts?

Yes, as long as you have expenses that qualify under both programs and as long as you do not exceed the Monthly Maximums. Each account is tracked separately.

## How Is My Account Funded?

When you complete the Pre-Tax Commuter/Parking Enrollment Form you specify the amount you wish to have deducted from your salary each month for either Transportation and/or Parking Expenses. Your deductions will be taken monthly and credited to the appropriate account(s). You may then submit receipts for your eligible Transportation and/or Parking Expenses against the balance available for reimbursement.

## What Is An “Eligible” Commuter Expense?

“**Transportation Expenses**” are defined as expenses incurred for a pass, token, fare card, voucher, or similar item for transportation (a) on mass transit facilities including bus (for example MUNI), subway or BART, ferry, cable car, etc., or (b) in a Commuter Highway Vehicle (Vanpool) 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 is for the purposes of transporting employees in connection with travel between their residences and their places of employment.

“**Parking Expenses**” are defined as expenses incurred to park on or near the business premises of your employer, or expenses incurred to park at a location from which you commute to work by (a) mass transit, (b) Commuter Highway Vehicle, or (c) carpool.

## What Is An “Ineligible” Commuter Expense?

Individual carpools, bridge tolls and taxi fares are not eligible for reimbursement through this Plan. Individual carpools include “casual” carpools at bridges and other public locations. Also carpools you organize in your personal vehicle are not eligible Commuter Expenses.

## What Is The Maximum Qualified Commuter Expense Benefit I May Elect?

The maximum amount you may contribute to each account cannot exceed the maximum amount specified in Code Section 132(f). The maximum amounts are:

For Parking Expenses	\$255/month
For Transportation Expenses (Public transportation/vanpool)	\$255/month

## How Do I Receive Reimbursement Under The Program?

Claims can be submitted electronically through our website at [www.pensiondynamics.com](http://www.pensiondynamics.com). Instructions for online claims submission are here: [Online Claim Submission](#)

Additionally, you are able to submit claims via our mobile app. The mobile app can be found by searching for “Pension Dynamics Wealth Care” in the Apple App Store or Google Play.

Requests for reimbursement should be sent to Pension Dynamics. [Click here](#) for the Flexible Benefit Reimbursement Form on our website located under the Flexible Benefit Plan Forms section.

Reimbursement will be made by direct deposit into your bank account when you submit a completed Direct Deposit Form. [Click here](#) for the Direct Deposit Form on our website located under the Flexible Benefit Plan Forms section. You can also sign up for direct deposit on our participant portal.

Direct deposit allows Pension Dynamics to send your reimbursements to you electronically which will reduce the amount of time that it takes for you to receive your reimbursement. Payments are issued daily and sent to the

bank the same day in most cases. The bank processes these deposits into your bank account within 1-2 business days.

Commuting Expenses cannot be reimbursed until the expense has been incurred. For example, services for the month of January cannot be reimbursed until January 1<sup>st</sup>. Also, you can only be reimbursed your current account balance. If you send in a claim for \$130.00 for services for January and you have \$50.00 deducted twice a month we will reimburse \$100.00 once the January contributions are posted and the month has begun. The remaining \$30.00 will be reimbursed once additional contributions are posted to your account.

If your employment terminates mid-year, either voluntarily or involuntarily, your coverage in this plan will terminate as of that date. You will have 90 days to submit claims incurred while you were an active employee.

### **Can I Change My Election?**

Once executed, the agreement to reduce your salary will remain in effect until you submit a new Pre-Tax Commuter/Parking Enrollment Form stating a revised amount. If you are discontinuing the program, simply put \$0.00 as the elected amount. The requested change will be implemented on the first payroll of the month following your submission of the written request.

### **Failure to Elect**

If you do not sign a new form for the Program, the most recent Pre-Tax Commuter/Parking Enrollment Form will apply, with the same reduction of compensation. If there is no signed Pre-Tax Commuter/Parking Enrollment Form on file at all, it is understood that you have chosen not to Participate in the Program.

### **What If I Overestimate My Expenses?**

If your reimbursement request was for less than your current account balance, the unused amounts will roll over and be available for future reimbursements. You may need to adjust your monthly deduction amount for the next coverage period in order to use up your surplus account balance. For example, if your monthly parking election (and anticipated monthly expense) is \$100, but you only incur \$75 worth of eligible parking expenses in January, you might want to change your election for February (prior to February 1<sup>st</sup>) to \$75 in order to use up the \$25 surplus from January. Then you may want to increase your election back to \$100 for March (prior to March 1<sup>st</sup>). At no time may you exceed the Monthly Maximums set forth In Code Section 132(f).

### **What If I Underestimate My Expense?**

If your reimbursement request was for an amount that was less than the monthly maximum amount but more than your current account balance, the excess part of the reimbursement request will be carried over into the following month(s) to be paid out as your balance becomes adequate (subject to monthly maximums described above). Remember, though, you may not be reimbursed for an expense that was incurred prior to your participation in the plan.

### **How Long Will The Program Remain In Effect?**

Although we expect to maintain the Program indefinitely, we reserve the right to modify or terminate the Program at any time. It is also possible that future changes in state or federal tax laws may require that the Program be amended or modified.

### **What Happens If A Pre-Tax Commuter Claim Form Is Denied?**

You will be notified in writing within 30 days of the date you submitted your request. Such notification will set out the reasons your request was denied.

### **What Effect Will Program Participation Have On Social Security And Other Benefits?**

Program 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), which are based on taxable compensation.

If you have any further questions regarding the terms of this program, contact your Human Resources Representative. You may also contact Pension Dynamics with questions via email at [benefits@pensiondynamics.com](mailto:benefits@pensiondynamics.com).

## Web Site Registration Instructions and Online Claim Entry Submission

Please follow the instructions listed below to access the Pension Dynamics Wealth Care Portal:

- Navigate to the following URL: [pensiondynamics.com/login](https://pensiondynamics.com/login)
- Click the **BENEFITS LOGIN** button on the bottom right of the screen
- Click the **REGISTER** button atop the right corner of the home screen
- Complete the registration form:
  - Choose a username (8-100 characters) and password (8-16 characters).
  - Enter the required demographic information.
  - Your employee ID is your Social Security Number (SSN) with no spaces and no dashes.
  - Your employer ID is PDCFB231.
  - Before clicking register, be sure to view and accept the terms of use.
  - After successfully completing the registration form, click register (may take several seconds).
- Next you will set up your secure authentication, which helps ensure your account is secure and private.
  - To start, click the **BEGIN SETUP NOW** button.
  - Select four security questions and provide your secret answers.
  - Verify your email address. Once complete, click **CONTINUE SETUP**.
  - Submit setup information. You will be asked to verify all of the information you have entered. After you've reviewed and confirmed the information, please click **SUBMIT SETUP INFORMATION**.
- A confirmation page will display showing the registration process has been completed. At this point, you can either 1) sign off, or 2) proceed to your account.

After registering, for all subsequent logins you can click the **LOGIN** link in the upper right corner of the home page. You will be prompted to enter your username, two of your four security questions, and finally your password.

### **Online Claim Entry:**

- At the navigation bar at the top of the page, select "Submit Claims" and click the **ADD NEW** button.
- Complete the claim form. Items with an asterisk are required. Add a receipt file if you have one. Select **OK** when finished.
  - Newly-entered claims appear in the **New Claims box**. Click the **EDIT** button to edit anything you have entered on a claim. Additional claims can be added by clicking the **ADD NEW** button again.
  - **NOTE:** Once you submit your claim, you are no longer able to edit it.
- When complete, acknowledge the certification text by checking the checkbox and click the **SUBMIT** button.
- If it is preferable to fax your receipts, click **VIEW RECEIPT SUBMITTAL FORM** for a printable cover page you can submit while faxing.
  - Faxing in your receipt without this cover page may cause your reimbursement to be delayed, as the cover page contains specific information that speeds up the process of linking your receipt with your claim in our system. Our new fax number is (844) 859-7309.

If you have any questions, please call (925) 956-0514 or e-mail us at [benefits@pensiondynamics.com](mailto:benefits@pensiondynamics.com).

# COMMUTER/PARKING ENROLLMENT

Plan Year: January 1, 2017 through December 31, 2017

**INSTRUCTIONS:** Complete this Enrollment Form if you wish to participate in **any** portion of the commuter plan. You may elect to participate in one or any combination of the two benefits outlined below. Return the completed forms to your in-house Benefits Administrator. Pension Dynamics will set up your account within two (2) business days after receiving the completed forms from your employer. After your account is set up, please go to [www.pensiondynamics.com](http://www.pensiondynamics.com) and log in to your account per the instructions included in your plan handbook. If you do not have a copy of the handbook for this benefit please contact your in-house Benefits Administrator or Pension Dynamics.

Company/Plan Name \_\_\_\_\_

## SECTION 1. EMPLOYEE INFORMATION (all fields in this section are required)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_  
Address \_\_\_\_\_ E-mail Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

## SECTION 2. PLAN PARTICIPATION (To terminate your participation in a benefit, please elect zero for the benefit you wish to terminate)

- Transportation Expense Reimbursement Account  
I elect \$ \_\_\_\_\_ monthly. I authorize my employer to reduce my salary on a pre-tax basis, **not to exceed \$255 per month**, to be used for the reimbursement of my eligible transportation expenses.
- Parking Expense Reimbursement Account  
I elect \$ \_\_\_\_\_ monthly. I authorize my employer to reduce my salary on a pre-tax basis, **not to exceed \$255 per month**, to be used for the reimbursement of my eligible parking expenses.
- Decline I am declining participation in **both** benefits.

## SECTION 3. PENSION DYNAMICS BENEFITS CARD (if applicable, please refer to your plan's handbook)

I elect to receive a Pension Dynamics Benefits Card

## SECTION 4. PARTICIPANT AUTHORIZATION

### I understand that:

- ❖ I will be using the benefit exclusively for my regular daily direct commute from home to work and return. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person.
- ❖ I understand that this election will go into effect the first of the month after I submit this form to the appropriate Human Resources/Payroll representative. I further understand that this election will remain in place until I change or rescind it in writing. To change or rescind this election I understand I will need to complete a new election form and submit it to the appropriate Human Resources/Payroll representative.
- ❖ I further understand and agree that false certification or claims may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal Income Tax evasion.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date