Commuter Benefits Enrollment Form

Participant Information			
Employer Name (Do not abbreviate)			
Last Name	First Name	Initial	Social Security Number
Street Mailing Address			Mobile Number
City, State, Zip Code			Date of Birth
Email Address			Hire Date

Plan Election	Monthly Election Amount
☐ **Mass Transit Account** Use this account for any pass, token, fare card, or voucher that entitles you to use mass transit for the purpose of traveling to and from work. Also includes the use of a "Commuter Highway Vehicle".	
☐ **Parking Account** Use this account for any parking expenses at or near your employer, or at or near a location from which you use mass transit to commute to work.	

My employer and I hereby agree that my cash compensation will be redirected by the amounts set forth above for each pay period during the Plan Year (or during such portion of the year that remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, I am effectively waiving participation in the flexible spending programs offered by my Employer's Section 125 Cafeteria Plan. I understand that:

- I can discontinue my Mass Transit Spending Account contributions at any time during the Plan Year. An election to increase or decrease the amount of my Mass Transit and/or Parking contributions can only be made prospectively according to the schedule set forth by my employer.
- The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event it is believed that it is advisable in order to satisfy certain provisions of the Internal Revenue Code.
- This agreement is subject to the terms of the Company's Section 132 Transportation Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior election and Taxable Compensation Redirection Agreement relating to such plan(s). By signing this form, I agree to the terms and procedures listed herein.

Employee Signature _____ **Date** _____

Employer Authorization	
Benefit Effective Date:	Pay Frequency:
Employer Representative: _____ Date: _____	

THE HARRISON GROUP, INC.

YOUR GUIDE TO COMMUTER BENEFITS



WHAT ARE COMMUTER BENEFITS?

Did you know that Pre-Tax Spending Accounts aren't just for healthcare expenses? In fact, there are two variations of Commuter Benefits accounts designed to help you SAVE money on your commute to and from your workplace.

MASS TRANSIT ACCOUNT

allows you to be reimbursed for costs associated with a commuter highway vehicle or mass transit for travel between your residence and your place of employment.

This includes the train, bus, ferry, subway, or a combination of these options.

PARKING ACCOUNT

allows you to be reimbursed for costs associated with parking expenses at or near work, or park-and-ride facilities.

You can also use SpotHero to reserve or pre-pay for parking spots in select cities

You can use our convenient **HG Advantage Card** to pay for these expenses at the transit station or kiosk.

HOW DO COMMUTER BENEFITS WORK?

Signing up for Commuter Benefits is a great way to help you reduce the cost of commuting to and from, and parking at your workplace.

When you participate in a Commuter Benefits account, you elect a monthly amount to be withdrawn from your paycheck, up to a maximum of **$350 per month** per account. The amount of your pay that goes into your Commuter Benefits account will not count as taxable income, so you will have immediate tax savings!

Your account dollars can be used during the plan year to pay for mass transit and parking costs associated with travel between your residence and your place of employment.

With our convenient HG Advantage Card, employees may purchase commuter travel passes right at the transit station!

All of our pre-tax spending accounts may be accessed via your online employee portal with one login. You can also utilize our easy Mobile App for information at the touch of your fingertips!

THE FLEXIBILITY YOU NEED

The Harrison Group's Commuter Benefits program allows employees the flexibility to change their election during the Plan Year. Any unused balances roll over from month to month and remain available for future purchases during your plan year.

QUESTIONS?

Our account managers are available to answer any questions you may have throughout the year. We strive to deliver flawless customer service to make your life easier. Whether you utilize our website, participant portal, mobile app, or call and email us, we will answer your questions promptly and with our best customer care.



610.853.9075 Phone
855.222.5727 Toll Free
Email: service@theharrisongrouponline.com
Web: www.theharrisongrouponline.com

THE HARRISON GROUP, INC.

Universal Claim Reimbursement Form

Today's Date: _____ Plan year beginning for: 20_____ Number of pages: _____

☐ New Claim	☐ Resubmission of claim	☐ Response to claim denial
Employer Name (Do not abbreviate)		
Employee Full Name		**Social Security No. (last 4 digits)**
Employee Mailing Address		**City/State/Zip**
Email Address		**Mobile Phone**

☐ Check here if change of information above.

Reimbursement Request from Account:

☐ Healthcare Flexible Spending Account
☐ Limited Purpose Flexible Spending Account
☐ Dependent Daycare Flexible Spending Account
☐ Mass Transit Commuter Benefits Account
☐ Health Reimbursement Account (HRA)
☐ Parking Commuter Benefits Account

Please use a separate form when requesting reimbursement from different accounts.

Name of Person Who Incurred Expense	Amount Requested	Date(s) of Service	Type of Service
Total Amount Requested:			

I certify that the expenses being submitted were incurred while covered under the Company's pre-taxable benefit accounts and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be required to repay any expense amounts that are incorrectly reimbursed. I also recognize that I cannot claim these expenses on my personal income tax return.

Employee Signature _____ Date _____

Send completed reimbursement form and attach Explanation of Benefits (EOB) and/or receipts to:

THE HARRISON GROUP, INC.
3 Raymond Drive, Suite 201 · Havertown, PA 19083
Fax 610-853-9079 · Email service@theharrisongrouponline.com

COMMUTER BENEFITS USER GUIDE



WWW.THEHARRISONGROUPONLINE.COM

Welcome to The Harrison Group!

We're so happy to help you with your **COMMUTER BENEFITS.**

This guide will explain how you can log in to see your account activity, as well as information on how to utilize your Commuter Benefits.

Additional resources may be found on our website at:
www.theharrisongrouponline.com

2025

Managing your accounts has never been easier!

LOGGING IN TO YOUR PARTICIPANT WEB PORTAL

- Open your browser and search **www.theharrisongrouponline.com**
- Select "I am a Participant" on the main page
- Go to "Participant Log In"
- Enter your User ID and Password

Your USER ID is the first letter of your first name, your last name, then the last four digits of your Social Security Number.

Your PASSWORD is the last four digits of your Social Security Number.

The first time you login, you will be prompted to set up Multi-Factor Authentication (MFA).

NOTE: If we do not have your email or cell phone on file, you will need to call our office.

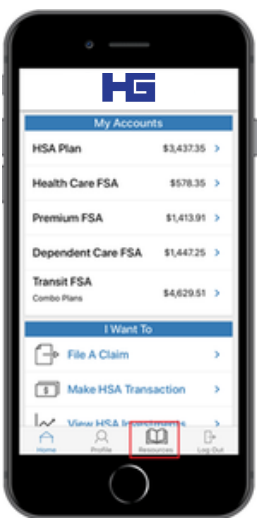
When you log in, you'll have access to several features including:

- ✓ account balance information
- ✓ reimbursement requests
- ✓ securely upload claim documentation

Save time and hassle with an easy to use convenient Mobile App.

MOBILE APP

- Open the App Store or Google Play on your mobile device.
- Search **"Harrison Group FSA HRA HSA".**
- Download the free Harrison Group app and open it.
- Enter your login information (refer to page 3).



✓check your account balance(s)
✓upload receipts and file a claims

unique to you

tested & trusted

easy navigation

user feedback

Quickly and conveniently access your funds and pay for eligible expenses with just one card.

HG ADVANTAGE CARD

How do I get a card?
We'll automatically mail you two cards to the address listed in your account the first time you enroll. Both cards will reflect the employee's name. Activate your cards by calling the toll free number on the sticker. Your spouse may sign their name on the back of the second card and present it with their ID to use it.

Additional cards?
You may request additional debit cards for your spouse or dependents on your online portal under “Accounts”, then “Banking/Cards.”

Lost or stolen cards?
If your debit card is lost or stolen, use your online portal or mobile app to report it under “Accounts”, then “Banking/Cards.” Replacement cards are free of charge.

Expiring debit card?
We will automatically mail you a new debit card 30 or more days prior to your expiration date.

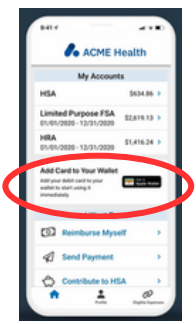


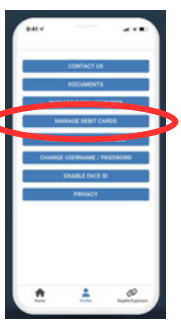
USING YOUR APPLE MOBILE WALLET TO MAKE PAYMENTS FROM YOUR HG ADVANTAGE CARD

MOBILE WALLET

After you've downloaded the Harrison Group FSA HRA HSA Mobile App from iTunes, go to the main login screen of the mobile app and enter your login credentials.

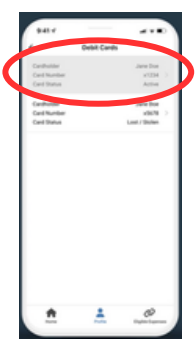
STEP 1: After you login, click on "ADD CARD TO YOUR WALLET".

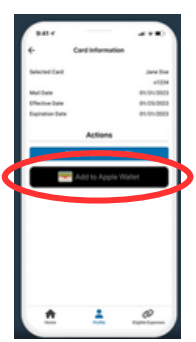




STEP 2: Click "Manage Debit Cards".

STEP 3: Click on your ACTIVE HG Advantage debit card.



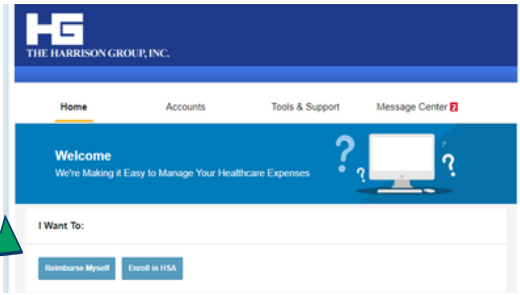


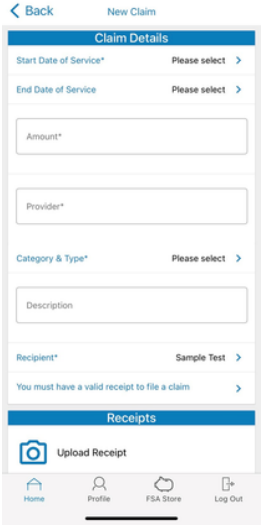
STEP 4: Click on the "ADD TO APPLE WALLET" button.

If you do not utilize your HG Advantage Card, you can submit a claim form in order to be reimbursed.

CLAIM FORM SUBMISSION

You can process an ELECTRONIC CLAIM SUBMISSION via your Online Portal or Mobile App

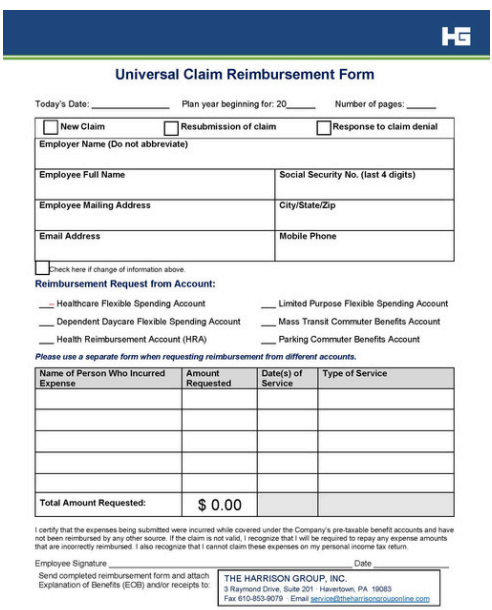




- Log in to your Online Portal (or) Mobile App.
- Click the button “Reimburse Myself”.
- Follow the screen prompts to submit claim information and a copy of the receipt.

PAPER CLAIM FORM SUBMISSION

- Complete a claim form with specific information about the expense including date of service/expense, amount, and description.
- Email, fax, mail, or electronically upload your claim form with the receipt.
- Claims processed regularly.
- Reimbursements made via direct deposit or check via US mail.
- Claim forms may be downloaded here.



Universal Claim Reimbursement Form

Today's Date: _____ Plan year beginning for: 20_____ Number of pages: _____

☐ New Claim ☐ Resubmission of claim ☐ Response to claim denial

Employer Name (Do not abbreviate)	
Employee Full Name	Social Security No. (last 4 digits)
Employee Mailing Address	City/State/Zip
Email Address	Mobile Phone

☐ Check here if change of information above.

Reimbursement Request from Account:

___ Healthcare Flexible Spending Account ___ Limited Purpose Flexible Spending Account

___ Dependent Daycare Flexible Spending Account ___ Mass Transit Commuter Benefits Account

___ Health Reimbursement Account (HRA) ___ Parking Commuter Benefits Account

Please use a separate form when requesting reimbursement from different accounts.

Name of Person Who Incurred Expense	Amount Requested	Date(s) of Service	Type of Service
Total Amount Requested:	$ 0.00		

I certify that the expenses being submitted were incurred while covered under the Company's pre-taxable benefit accounts and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be required to repay any expense amounts that are incorrectly reimbursed. I also recognize that I cannot claim these expenses on my personal income tax return.

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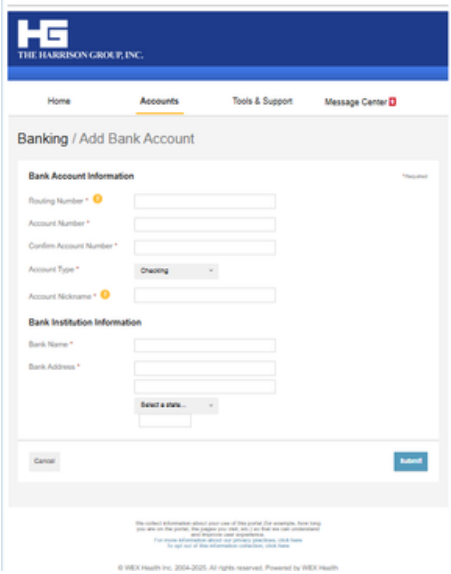
Send completed reimbursement form and attach Explanation of Benefits (EOB) and/or receipts to:

THE HARRISON GROUP, INC.
3 Raymond Drive, Suite 201 · Havertown, PA 19083
Fax 610-853-9079 · Email service@theharrisongrouponline.com

The fastest way to get your money when submitting a manual claim is to sign up online for direct deposit.

SETTING UP DIRECT DEPOSIT

- Log in to your Participant Portal.
- From the Home Page, under the “Accounts” tab, click “Banking/Cards.”
- Enter your bank account information and click Submit.
- The “Payment Method Changed” confirmation displays.
- In some cases, you will be notified on the portal to look for a small transaction or “micro-deposit” in your designated bank account in the next couple of days to enter online, which will validate your account.
- Once received, log back into the Participant Portal to validate your bank account.



QUESTIONS?

Our account managers are available to answer any questions you may have throughout the year. We strive to deliver flawless customer service to make your life easier. Whether you utilize our website, participant portal, mobile app, or call and email us, we will answer your questions promptly and with our best customer care.



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THE HARRISON GROUP, INC.