

# Transportation Fringe Benefits Enrollment Form



## 1. Personal Information

Company Name (Do not abbreviate)	Participant Social Security Number		
Participant Name (First, Last, MI)	Date of Hire	Date of Birth	
Street Address	City	State	Zip Code

## 2. Enrollment Information

I elect to receive the following coverages under the Plan. I understand that an amount equal to the annual costs, divided by the number of pay periods in the Plan Year, will be deducted from each of my paychecks. I understand that by making the following election(s) for coverage, the costs for the coverage that I elect will be deducted from my compensation on a pre-tax basis. Any previous election and Agreement under the Plan relating to the same Benefits, including my prior Election Form/Compensation Reduction Agreement, is hereby revoked. **Check all that apply.**

<input type="checkbox"/> <b>Transit Passes/Commuter Highway Vehicle</b>	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cease Participation Effective:			
Monthly Election Amount \$				Effective Date:		
<i>(2009 maximum: \$120 per month maximum for Transit Pass(es) and Commuter Highway Vehicles combined (\$230 per month maximum (effective 3/1/09) if allowed under employer's plan. The higher limit expires 12/31/2010.)</i>						
Pay Frequency	<input type="checkbox"/> 12	<input type="checkbox"/> 24	<input type="checkbox"/> 26	<input type="checkbox"/> 48	<input type="checkbox"/> 52	<input type="checkbox"/> Other

<input type="checkbox"/> <b>Qualified Parking</b>	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cease Participation Effective:			
Monthly Election Amount \$				Effective Date:		
<i>(2009 maximum: \$230 per month maximum)</i>						
Pay Frequency	<input type="checkbox"/> 12	<input type="checkbox"/> 24	<input type="checkbox"/> 26	<input type="checkbox"/> 48	<input type="checkbox"/> 52	<input type="checkbox"/> Other

<input type="checkbox"/> <b>Qualified Bicycle*</b>	<input type="checkbox"/> New	<input type="checkbox"/> Change	<input type="checkbox"/> Cease Participation Effective:			
			Effective Date:			

\*If offered by employer. Benefit 100% employer funded. 2009 maximum: \$20 per month for the purchase of a bicycle and bicycle improvements, repair, and storage, if the bicycle is regularly used for travel between the employee's residence and place of employment. If you are reimbursed for Transit, Commuter or Parking, you are not eligible for this benefit. Payroll deductions are not allowed.

## 3. Employee Authorization

**Elections Can Only Be Changed For Future Months.** I elect to receive the following coverage under the Plan. I understand that if my employer offers the bicycle reimbursement benefit and I elect to participate in the bicycle reimbursement benefit, I may not receive reimbursement from my other transit/parking accounts. I understand that an amount equal to the annual costs, divided by the number of pay periods in the Plan Year, will be deducted from each of my paychecks on a pre-tax basis for the accounts selected, except for qualified bicycle benefit which is funded by my employer. Any previous election and Agreement under the Plan relating to the same Benefits, including my prior Election Form/Compensation Reduction Agreement, is hereby revoked. I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Transportation Enrollment/Change Form prior to the first day of the next monthly period. I have read and agree to the terms of participation set forth on this Agreement. I hereby certify that I will use the Transportation Benefits elected above only for purposes of commuting to and from work at the Employer. I agree that my Compensation will be reduced by the amount of my required contribution for the Transportation Benefits that I have elected under the Plan (except for the bicycle benefit), and that such Compensation Reductions will continue each pay period until this Agreement is amended or terminated. I also understand that: 1) Compensation reductions under the Agreement reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes; and 2) Amounts remaining in my Transportation Account after reimbursing my Transportation Expenses for the month will be carried over to reimburse me for Transportation Expense in a subsequent month. However, if I cease to participate in the Plan (for example because of termination of employment), amounts remaining in my Transportation Account after reimbursing my Transportation Expenses will be forfeited.

Employee Signature	Date

**I understand that if I cease my participation and stop making or receiving contributions for transit, commuter highway or parking, I will no longer be eligible to submit expenses incurred after my date of participation ends.**