

ENROLLMENT FORM TRANSPORTATION BENEFIT

EMPLOYER: _____

PLAN YEAR: _____

NAME: _____

() NO, I do not wish to enroll in the Transportation Benefit Plan (Plan) for the current Plan Year. I understand that I cannot enroll at any other time during the current Plan Year.

() YES, I elect to enroll in the Plan, effective _____, and authorize the employer to reduce my pay by the following amount(s):

• an allocation for mass transportation expenses (maximum \$115.00/mo.) \$ _____

• an allocation for qualified parking expenses (maximum \$220/mo.) \$ _____

TOTAL (deferred monthly): \$ _____

I understand that the salary reduction I have elected for mass transportation expenses are recorded separately from the salary reduction for parking expenses. If there is money recorded in one account at the end of the year, it is not transferable to meet expenses in the other category.

I understand that I cannot suspend, increase or decrease my salary reductions during the Plan Year unless I experience a "Significant Family Event" as described in federal regulations.

I understand that any money remaining in my Transportation Benefit Plan at the end of the Plan Year will be returned to my employer or may be rolled over to the next Plan Year, for future reimbursement.

I have received a written explanation of the Transportation Plan Account. I understand that the employer cannot be responsible for any tax liabilities that may subsequently occur as a result of my Plan participation.

Your Signature: _____ Date: _____