



Professional Benefit Services, Inc.  
*Affordable administration of employee benefit plans*

# TRANSPORTATION PLAN ENROLLMENT FORM

<b>Employer:</b>			<b>Plan Year:</b>
<b>Name:</b>			<b>Employee ID: (last 4 SSN)</b>
<b>Mailing Address:</b>			<b>Phone Number:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Email Address:</b> <i>Please provide an email address that is monitored regularly.</i>

( ) 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 \$130/mo.)     \$\_\_\_\_\_per/month
- an allocation for qualified parking expenses (maximum \$255/mo.)     \$\_\_\_\_\_per/month
- an allocation for Commuter Highway Vehicle (maximum \$130/mo.)     \$\_\_\_\_\_per/month

**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 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: \_\_\_\_\_