

# TRANSPORTATION BENEFIT PLAN ENROLLMENT/CHANGE FORM

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

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I authorize my employer to make the following salary reduction.

### **Transit Pass Benefit Reimbursement Account**

I elect to have \$ \_\_\_\_\_ per month reduced from salary before taxes to reimburse me for eligible transportation expenses. Reimbursement from this plan is limited to:

- ◆ Park-n-ride, transit passes – refer to the Transportation Highlight Sheet for monthly maximum limit.

I would like this to be effective on \_\_\_\_\_.

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I authorize my employer to make the following salary reduction.

### **Parking Reimbursement Account**

I elect to have \$ \_\_\_\_\_ per month reduced from salary before taxes to reimburse me for eligible transportation expenses. Reimbursement from this plan is limited to:

- ◆ Parking – refer to the Transportation Highlight Sheet for monthly maximum limit.

I would like this to be effective on \_\_\_\_\_.

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I understand that:

- I can change my election any time as long as a Transportation Change Form is filled out.
- My change will be effective the first of the month following the receipt of the change form or the date specified on the change form.
- My Social Security benefits may be reduced by this election.
- My employer may reduce or cancel this election if necessary to comply with provisions of the Internal Revenue Code.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **To Be Completed by Employer**

Accepted by \_\_\_\_\_ Date \_\_\_\_\_