

TRANSPORTATION BENEFIT PLAN ENROLLMENT FORM

For the Plan Year _____ to _____

Name _____ Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

I authorize my employer to make the following salary reduction.

Transit Pass 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 - \$110 per month (2007 limit)

I would like this to be effective on _____.

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 - \$215 per month (2007 limit)

I would like this to be effective on _____.

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 _____

To Be Completed by Employer

Accepted by _____ Date _____