

**TRANSPORTATION BENEFIT PLAN
ENROLLMENT/CHANGE FORM**

Name _____ Social Security # _____

Street Address _____ City _____ State _____ Zip Code _____

Parking Reimbursement Account: I authorize my employer to make the following salary reduction:

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

- ◆ Parking - \$250.00 per month (2015 limit)

I would like this change to be effective on _____

I would like to cancel my participation in the Parking Reimbursement Account on _____

Transit Pass Reimbursement Account: I authorize my employer to make the following salary reduction:

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

- ◆ Park-n-ride, transit passes - \$130.00 per month (2015 limit)

I would like this change to be effective on _____

I would like to cancel my participation in the Transit Pass Reimbursement Account on _____

Terms: I agree that my salary will be reduced in a manner and amount as elected above and that such salary reduction will continue until this agreement is amended or terminated. I also understand that:

◆ Because the contributions I make to this Plan are not taxed as wages for Social Security purposes, my ultimate Social Security benefits might be somewhat less than they could have been. This will depend on many things, including my earnings history, whether or not my wages are above or below the Social Security “wage base” and what happens to the Social Security laws between now and when I retire.

◆ Amounts remaining in my Transportation Account after reimbursing my Transportation Expenses for the month will be carried over to reimburse me for Transportation Expenses in a subsequent month. If I cease participation in the Plan (for example, because of termination of employment), amounts remaining in my Transportation Account after reimbursement of all my eligible Transportation Expenses will be forfeited.

Employee Certification: I have read and agree to the terms of participation set forth in 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 Company. I certify that if I receive Transit Passes under the Plan, I will not transfer the Transit Passes to anyone else. I certify that I have listed accurately the commuting cost to and from my home via mass transit or commute highway vehicle and the cost of qualified parking.

Signature _____ Date _____

To Be Completed by Employer:

Employer Name _____ Accepted by: _____ Date _____