



Parking/Transportation Reimbursement Account Enrollment Form

EMPLOYER MUST FILL-IN	
Re-enrollment	__ New __ Change __
Effective Date	_____
1st Deduction Date	_____
Payroll Mode	W B S M Q
Division Code	_____

I. Personal Information (Please print clearly and provide complete and accurate information.)

Your Employer _____ Employer ID # _____
(EMPLOYER MUST FILL-IN)

Member # _____ Your Name _____
(This may be your SSN or employer assigned number) (Last) (First) (MI)

Address _____ City _____ State _____ Zip _____ - _____

Check if this address is new within last year. Date of Birth ____ / ____ / ____ Hire Date ____ / ____ / ____

II. Election Information (Please check the appropriate box to indicate if you wish to enroll, or do not wish to enroll, and sign below.)

Yes, I wish to participate in the parking/transportation reimbursement account plan and authorize payroll reduction from my salary on a pre-tax basis in the amount(s) indicated below, and continuing until this election is amended or terminated or until the Plan Year ends.

I have been offered the opportunity to enroll in the parking/transportation reimbursement account plan and do not wish to enroll at this time.

BENEFIT CHOICES

Parking Reimbursement Account
(cannot exceed 2012 statutory limit - **\$240 per month**)

AMOUNT PER
PAY DAY

\$ _____

Transportation Reimbursement Account
(cannot exceed 2012 statutory limit - **\$125 per month**)

\$ _____

FOR EXAMPLE:

Let's say you elect \$240/month for parking and \$125 for transportation.

- With **24** pay periods, the amount deducted per pay day would be \$120.00 for parking and \$62.50 for transportation.
- With **26** pay periods, the amount deducted per pay day would be \$110.77 for parking and \$57.69 for transportation.

Although your benefits under the transportation plan are not subject to federal income tax (up to the statutory limits), they may be subject to state income tax in certain states. You should consult your tax advisor with any questions you have about your specific tax situation.

I understand that:

- This election can only be changed or revoked for future periods of coverage provided that the change is made before the earlier of: a) the period to which it relates; and b) the receipt of Eligible Transportation Expense benefits to which it relates. Such election shall be effective the first pay period after my Employer processes the change.
- This election will be automatically changed or cancelled, if necessary, to comply with provisions of the Internal Revenue Code or if required benefit contributions increase or decrease.
- Salary contributed into one reimbursement account cannot be transferred and used for expenses in any other account.
- A new Enrollment Form must be completed prior to the start of the Plan Year. If I do not complete and return a new Enrollment Form during open enrollment, this election will cancel.
- Social Security (FICA) tax is not being withheld on the amount of my salary reduction under this election.
- The amount of salary reductions may not be claimed on my or my spouse's income tax returns.
- I understand all claims submitted for reimbursement are subject to substantiation requirements and I am required to, and agree to, provide documentation as requested.
- If I cease to participate in the plan, amounts remaining in my account after eligible reimbursements will be forfeited.
- If using the PayFlex Card, I agree to use the card for eligible expenses only. Any expenses I pay for with the card will not have been nor will I seek to have reimbursed elsewhere. I agree to read and adhere to the cardholder statement I receive with the card and I understand the card is subject to inactivation if I do not comply with the provisions or upon termination of employment.

III. Pre-Authorization for Direct Deposit (If you are already enrolled in direct deposit or do not wish to, ignore this section.)

I authorize PayFlex Systems USA, Inc. to initiate a credit and/or debit entry to my account for my PayFlex reimbursements. This agreement is to remain in full effect until written notification is supplied by me to PayFlex terminating this agreement.

A "VOIDED" CHECK MUST ACCOMPANY DIRECT DEPOSIT APPLICATION

Employee Signature _____ Date _____