



## Parking / Transportation Plan Enrollment Form

Company Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Social Security: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Hire Date: \_\_\_\_\_

Request to Participate: **Benefit Election**

**Tax-Free Transportation Program** \$ \_\_\_\_\_ Parking per month

The cost you pay out-of-pocket for work-related expenses towards parking or transit. \$ \_\_\_\_\_ Transit per month.

**Acknowledgement:** My employer's benefits have been explained to me and I understand that:

1. I can enroll or terminate a Parking/Transit Plan at any time. There are monthly limits for parking and transit. The monthly limits change from year to year.
2. The total amount deducted for the Parking/Transit Plan does not have to be used during the PLAN YEAR. Any unused amount will carry over from year to year.
3. Participation in this PLAN may mean I will pay less Social Security tax, which could slightly reduce my Social Security Benefits.
4. I can only submit claims for expenses incurred while I was an active participant in the PLAN.

### Regulations under IRS Code 132

Reimbursements for **mass transit** monthly expenses for 2010 are \$230 each month. The expenses that qualify are transit passes, such as tokens, fare card, vouchers or other items used for mass transit travel (buses, subways, trains, and vanpool). **Parking** expenses are limited to \$230 per month for 2010 and they include monthly parking passes in addition to parking meter fees. This plan does not cover mileage reimbursement or personal car use.

**Direct Deposit:** If you choose to utilize direct deposit, attach a copy of a voided check to the enrollment form.

**Choose one of the following:**  Checking  Savings  Already on file

**Request To Waive:**

The Parking/Transit Plan has been explained and I elect to waive participation.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_