

COMMUTER BENEFIT REIMBURSEMENT ACCOUNT

PLAN INFORMATION

GROUP/EMPLOYER NAME: _____

PLAN YEAR: _____

EMPLOYEE INFORMATION

NAME

LAST FIRST MI

(FOR OFFICE USE ONLY) KE HCE PAYCHECKS/YR. _____

HOME ADDRESS

EMPLOYER WORKSITE LOCATION

NUMBER AND STREET CITY STATE ZIP CODE

SOCIAL SECURITY # PHONE NUMBER E-MAIL ADDRESS GENDER DATE OF FIRST PAYROLL DEDUCTION

M F

DATE OF HIRE _____ DATE OF BIRTH _____ PARTICIPANT'S EFFECTIVE PLAN DATE _____

(Only if different than beginning of Plan Year shown above)

ELECTION INFORMATION

PLEASE CHECK YOUR ELECTION(S) AND FILL IN AMOUNTS AND DETAILS IF APPLICABLE. READ TERMS ON BACK AND SIGN BELOW.

BENEFIT ELECTION OPTIONS	ELECTION	DEDUCTION	DETAILS
TRANSIT PASSES AND COMMUTER HIGHWAY VEHICLE You may elect a maximum of \$125 per month on a pre-tax basis (less any employer contributions, if any). <i>Note: You may elect a MAXIMUM of \$230 per month for Transit Passes and Commuter Highway Vehicle benefits COMBINED.</i>	YES NO <input type="checkbox"/> <input type="checkbox"/>	PER-PAY PERIOD \$ _____	ORGANIZATION PROVIDING TRANSIT PASSES _____
		NO. PAYCHECKS / YEAR _____	FORM OF PUBLIC TRANSPORTATION _____
		ANNUAL AMOUNT \$ _____	ORGANIZATION / PERSON PROVIDING COMMUTER HIGHWAY VEHICLE _____
QUALIFIED PARKING You may elect a maximum of \$240 per month (less any employer contributions, if any) to pay for qualified parking expenses.	YES NO <input type="checkbox"/> <input type="checkbox"/>	PER-PAY PERIOD \$ _____	GARAGE OR PARKING LOT _____ LOCATION _____
		NO. PAYCHECKS / YEAR _____	THE ABOVE LOCATION IS: <input type="checkbox"/> On or near my Worksite
		ANNUAL AMOUNT \$ _____	<input type="checkbox"/> On or near a location from which I commute by carpool, Commuter Highway Vehicle, mass transit, or transportation provided by any person in the business of transporting persons in a Commuter Highway Vehicle for compensation or hire _____
BICYCLE COMMUTER You may elect a maximum of \$20 per month (less any employer contributions, if any) to pay for qualified bicycle commuter expenses.	YES NO <input type="checkbox"/> <input type="checkbox"/>	PER-PAY PERIOD \$ _____	
		NO. PAYCHECKS / YEAR _____	
		ANNUAL AMOUNT \$ _____	
ELECTION TO CEASE PARTICIPATION	<input type="checkbox"/> I elect to cease participation in the Plan. I understand that my Employer will cease my payroll deductions for the Plan as soon as practicable.		

READ TERMS AND CONDITIONS ON BACK, SIGN FORM AND RETURN TO MGIS.

YES, the benefits of this Plan have been explained to me and I elect to participate as indicated above.

PARTICIPANT'S SIGNATURE x _____ DATE _____

TERMS AND CONDITIONS

I have reviewed the terms of the Company's Transportation Fringe Benefit Plan (Plan). (Capitalized terms used in this Election Form/Compensation Reduction Agreement (Agreement) have the meanings set forth in the Plan Document.) I understand that I may elect coverage under the Plan to pay for my share of the cost of eligible Transportation Benefits with pre-tax dollars.

I understand that an amount equal to the annual costs, divided by the number of pay periods in the Plan Year (not counting the third pay period ending in any month), will be deducted from each of my paychecks (other than the third paycheck ending in any month), unless another method to pay for the coverages I elect is prescribed by the Plan Sponsor.

I understand that by making the elections I have selected on the other side of this form the **costs for the coverages I have elected will be deducted from my compensation on a pre-tax basis**. Any previous election and Agreement under the Plan relating to the same Benefits, including any prior Election Form/Compensation Reduction Agreement, is hereby revoked.

I understand that **I cannot change or revoke this Agreement as of any date prior to the next month**, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that **I can revoke my election and make a new election by submitting a new Election Form/Compensation Reduction Agreement prior to the first day of the next monthly period**.

I agree that my Compensation will be reduced by the amount of my required contribution for the Transportation Benefits I have elected under the Plan, and that such Compensation Reductions will continue for each pay period until this Agreement is amended or terminated. Also, I understand that:

- **Compensation reductions under this Agreement reduce my compensation for Social Security tax purposes.** This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes.
- 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. However, **if I cease to participate in the Plan** (for example, because of termination of employment), **amounts remaining in my Transportation Account after reimbursing my Transportation Expenses will be forfeited**.

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE PLAN SPONSOR'S TRANSPORTATION FRINGE BENEFIT PLAN AS AMENDED FROM TIME TO TIME IN EFFECT, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDUCTION AGREEMENT RELATING TO SUCH PLAN(S).

I have reviewed and understand the terms and conditions of this Transportation Fringe Benefit Plan Election Form/Compensation Reduction Agreement and in my company's Summary Plan Description. I hereby certify that I will use the Transportation Benefits elected on this form **ONLY** for the purposes of commuting to and from work at the Employer. I further acknowledge that **I am responsible for keeping all receipts verifying all eligible expenses claimed under the Flex Convenience® card and must submit such receipts to MGIS for claims substantiation upon request**.

SERVICED BY MGIS