

Election Form and Compensation Reduction Agreement
Qualified Transportation: PARKING & TRANSIT

Instructions

1. Complete this form. Indicate the Account(s) you want to participate in.
2. Specify your total deposit amount for each account.
3. Sign your name at the bottom.
4. Return to Human Resources office by the enrollment deadline.

Personal Information

Employee Name: _____

Employee Address: _____

City, State, Zip code: _____

Effective Date: _____ Plan Year January 1, 1999 through December 31, 1999.

I PARKING ACCOUNT
Select A or B

A) Eligible Parking Expenses: I elect to deposit a total of \$ _____ (up to \$175 per month) for the plan year. The parking spending account will reimburse me **Tax Free** for the parking expenses for myself upon receipt of documented expenses.

B) I choose not to participate _____

II TRANSIT ACCOUNT
Select A or B

A) I elect to deposit a total of: Check one
_____ **65.00 (\$30.00 per pay maximum \$780.00 annually**
_____ **Voucher or _____ Metro Card**

for the plan year. The transit voucher or metro card will be distributed to me at the end of the month or last payroll of the month whichever is first. I understand that I may cancel this election at any time.

B) I choose not to participate _____

Signature *By signing and submitting this form I understand that:*

- ◆ The total amount I deposit will be deducted in equal portions from my pay on a pre-tax basis. I can change or stop my deposits into these accounts anytime during the plan year. Any unused balances in my accounts will be paid to me as taxable income at the end of the calendar year.

X _____ **Date** _____