

INSTRUCTIONS:

- * PLEASE PRINT. Only use black or blue ink
- * Fill in circle completely, as shown ●
- * Fill in boxed area neatly making sure not to write outside of boxes as shown
- * Sign and date your enrollment form
- * Return completed enrollment form to your Human Resources Department

A B C D E 0 1 2 3 4

SECTION 1 - EMPLOYEE INFORMATION (Refer to your TransiT Plan Provision Statement for group information)

1a) Employee Last Name

1b) Employee First Name 1c) M I

2) Social Security Number of Employee - - 3) Client Code (refer to TransiT Plan Provision Statement)

4a) Street (include apartment number)

4b) City 4c) State 4d) Zip Code (+ 4 if available) +

5) Company Name

SECTION 2 - ELECTIONS/CHANGES

(Refer to your TransiT Plan Provision Statement for the MONTHLY minimum amount you may contribute to each account and the effective date.)

PARKING ACCOUNT

6) New Election 7) Change Existing Election Effective Date:
M M D D Y Y Y Y

8) The total MONTHLY dollar amount I wish to place in this account for the plan year is : \$.

SECTION 3 - CANCEL/STOP PARTICIPATION

(Elections are irrevocable for one month from the election. Refer to TransiT Plan Provision Statement for effective date or cancellation)

9) Cancel/Stop Effective Date:
M M D D Y Y Y Y

SECTION 4 - AUTHORIZATION

I understand that by signing and submitting this form, I authorize the adjustment to my annual salary based on my elections above. I further understand my election is irrevocable for one month and that deductions will continue, as authorized above, until I submit a new form to either change or stop participation in the plan. Contributions to this plan can only be used to reimburse eligible expenses under the plan.

Employee Signature _____ Date
M M D D Y Y Y Y

SECTION 5 - TO BE COMPLETED BY EMPLOYER

Division Parking .