

Commuter Benefits Enrollment Form

Participant Information			
Employer Name (Do not abbreviate)			
Last Name	First Name	Initial	Social Security Number
Street Mailing Address			Mobile Number
City, State, Zip Code			Date of Birth
Email Address			Hire Date
Plan Election			Monthly Election Amount
Mass Transit Account (2025 IRS Monthly Max \$325) Use this account for any pass, token, fare card, or voucher that entitles you to use mass transit for the purpose of traveling to and from work. Also includes the use of a "Commuter Highway Vehicle".			
Parking Account (2025 IRS Monthly Max \$325) Use this account for any parking expenses at or near your employer, or at or near a location from which you use mass transit to commute to work.			

My employer and I hereby agree that my cash compensation will be redirected by the amounts set forth above for each pay period during the Plan Year (or during such portion of the year that remains after the date of this agreement). I understand that if I do not return this form to my employer by my effective date, I am effectively waiving participation in the flexible spending programs offered by my Employer's Section 125 Cafeteria Plan. I understand that:

- I can discontinue my Mass Transit Spending Account contributions at any time during the Plan Year. An election to increase or decrease the amount of my Mass Transit and/or Parking contributions can only be made prospectively according to the schedule set forth by my employer.
- The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event it is believed that it is advisable in order to satisfy certain provisions of the Internal Revenue Code.
- This agreement is subject to the terms of the Company's Section 132 Transportation Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior election and Taxable Compensation Redirection Agreement relating to such plan(s). By signing this form, I agree to the terms and procedures listed herein.

Employee Signature _____ **Date** _____

Employer Authorization	
Benefit Effective Date:	Pay Frequency:
Employer Representative: _____ Date: _____	