

BENEFITS DESIGN GROUP, INC.

PO BOX 370 ONALASKA WI 54650 1-800-554-7213 or (608) 781-2159

TRANSPORTATION PLAN ENROLLMENT FORM

Employer Name			Social Sec#			Effective Date Month Day Year		
Employee's Name: Last Name		Middle Initial		First Name		Circle One New Enrollment Re-Enrollment		
Employee's Home Address Street		City		State		Zip		
1 st Payroll Deduction Month Day Year		Deduction Frequency ___12 ___24 ___26 ___48 ___52 ___Other			Number of Deductions Remaining in Plan Year			
*Refers to total dollars being contributed for you on a monthly basis by your employer.								
<i>I authorize the following amounts to be deducted pre-tax from my paycheck:</i>				Current Monthly Election		Total Monthly Election		Office Use Only
Transportation Voucher (purchased through employer)								
Transit / Van Pooling***								
Parking (Monthly maximum reimbursement \$230 for 2009)								
***Transit total may not exceed \$120 per month for 2009								
Total Authorized Pre-Tax Deductions								
<p>AUTHORIZATION: I authorize the above amounts to be taken from my paycheck on a pre-tax basis. I understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the plan year will be treated in accordance with current plan provisions and tax laws. I further understand that expenses for each category in any given month that exceed the monthly maximums defined above will not be eligible for reimbursement during that same month. I AM AWARE THAT ANY ELECTIONS MADE FOR THE PREVIOUS PLAN YEAR SHALL GO TO ZERO UNLESS I SUBMIT A WRITTEN CHANGE OF THOSE ELECTIONS.</p>								

Signature _____

Date _____

DECLINATION OF PARTICIPATION: I have been given the opportunity to participate in the above plan and have elected not to do so.

Signature _____

Date _____

FOR OFFICE USE ONLY: 10/08	Annual Election	Per Pay Period Election
Transit Voucher		
Transit / Van Pooling		
Parking		