

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	
				Monthly Credit Amount*	
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	Monthly Credit Elections	Non Credit Election	Total Monthly Election
Transportation Voucher (purchased through employer)				
Transit / Van Pooling (Monthly maximum \$125 per month for 2012)				
Parking (Monthly maximum \$240.00 for 2012)				**
Administration Fee (if applicable)				
Total Authorized Pre-Tax Deductions				

** Total of the Monthly Credit Elections and Monthly Non-Credit Elections.

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.

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:	Annual Election	Per Pay Period Election
Transit Voucher		
Transit / Van Pooling		
Parking		