

# Transit Discount Plan Election Form

## Payroll Deduction Authorization

I hereby authorize my employer to deduct \$\_\_\_\_\_ from my paycheck bi-weekly on a pre-tax basis as I elect to participate in the Transit Reimbursement Program. I will not exceed \$105 per month for public transportation/van pooling expenses and I will not exceed \$200 per month for parking expenses, as defined by the Internal Revenue Code.

I will be using the benefit exclusively for my regular daily direct commute from home to work and return. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person. The monthly benefit that I receive does not exceed my average monthly commuting cost based on a 20-day month commuting by public transportation or qualified parking.

I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal income tax evasion.

I certify that I have read the Summary Plan Description and understand the provisions contained therein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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