



1975 Tamarack Road P.O. Box 1096
Newark, OH 43058-1096 (800) 297-1829

TRANSPORTATION FRINGE BENEFIT COMPENSATION REDIRECTION AGREEMENT

<input type="checkbox"/> New Election
<input type="checkbox"/> Change in Status

PLEASE READ CAREFULLY AND COMPLETE IN INK TO PREVENT YOUR PARTICIPATION FROM BEING DELAYED

Employee Information (Please Print in Ink):

Name _____ Social Security Number _____
Last First Middle Initial

Home Address _____ Telephone () _____
Street City State Zip

Employee Date of Birth ___/___/___ <small>Mo. Day Yr.</small>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Date Hired ___/___/___ <small>Mo. Day Yr.</small>
Payroll Cycle <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		First Pay Cycle Deduction(s) will be taken ___/___/___ <small>Mo. Day Yr.</small>	Effective Date on TRB Plan ___/___/___ <small>Mo. Day Yr.</small>

Employed by _____
Company Name Group/Account Number

Election of Pre-Tax Benefits Under the Transportation Fringe Benefit Plan

I elect to receive the following coverages under the Plan. I understand that an amount equal to the sum of the monthly deductions elected below, multiplied by the number of monthly coverage periods remaining in the Plan Year this Agreement takes effect, and then divided by the number of pay periods in those remaining monthly coverage periods (not counting the third pay period ending in any month), will be deducted from each of my paychecks (other than the third paycheck ending in any month), unless another method is prescribed by the Administrator, to pay for the coverages that I elect. (Check all boxes that apply and fill in blanks for those coverages.)

Transit Passes: Beginning with the first paycheck I receive in the month of _____, 2____, \$_____ per month I authorize my Employer to deduct the above amount on a pre-tax basis from my Compensation to pay for Transit Pass(es) The coverage amount may not be less than \$25 or greater than \$230. The coverage amounts you elect for Transit Pass(es) and Commuter Highway Vehicle Benefits cannot be more than \$230 combined. If the Plan's combined monthly limit for those benefits falls below \$230, your coverage amounts and monthly deductions for those benefits will be reduced accordingly.

I intend to use my Transit Pass(es) to pay the fare for the following means of public transportation:

Name of Organization Providing Transit Pass(es): _____

Form of Public Transit: _____

Monthly Cost of Mass Transit: _____

Commuter Highway Vehicle: Beginning with the first paycheck I receive in the month of _____, 2____, \$_____ per month I authorize my Employer to deduct the above amount on a pre-tax basis from my Compensation to pay for Commuter Highway Vehicle Benefits. The coverage amount may not be less than \$25 or greater than \$230. The coverage amounts you elect for Transit Pass(es) and Commuter Highway Vehicle Benefits cannot be more than \$230 combined. If the Plan's combined monthly limit for those benefits falls below \$230, your coverage amounts and monthly deductions for those benefits will be reduced accordingly.

My transportation will be in the following Commuter Highway Vehicle:

Name of Organization or Person Providing Commuter Highway Vehicle: _____

Monthly Cost of Commuter Highway Vehicle: _____

Qualified Parking: Beginning with the first paycheck I receive in the month of _____, 2____, \$_____ per month I authorize my Employer to deduct the following amount on a pre-tax basis from my Compensation to pay for Qualified Parking. The coverage amount may not be less than \$25 or greater than \$230.

My Qualified Parking will be at the following location:

Name of Garage or Parking Lot: _____

Location: _____

Monthly Cost of Parking: _____

The above location is

- on or near my Worksite listed above; or
- on or near a location from which I commute by carpool, Commuter Highway Vehicle, mass transit, or transportation provided by any person in the business of transporting persons for compensation or hire, if such transportation is in a Commuter Highway Vehicle.

I understand that, by making the above election for coverage, I am agreeing to have the deductions elected above made from my compensation on a pre-tax basis. Any previous election and Agreement under the Plan relating to the same Benefits, including any prior Election Form/Compensation Reduction Agreement, is hereby revoked.

Election to Cease Participation Under the Transportation Fringe Benefit Plan

- I elect to cease participation in the Plan. I understand that my Employer will cease my payroll deductions for the Plan as soon as practicable.

Elections Can Only Be Changed for Future Months

I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Election Form/Compensation Reduction Agreement prior to the first day of the next monthly period.

Additional Terms

I agree that my Compensation will be reduced in the manner and amount I have elected in this Agreement, and that such Compensation Reductions will continue until this Agreement is amended or terminated. Also, I understand that:

- Compensation reductions under this Agreement reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes.
- Amounts remaining in my Transportation Account after reimbursing my Transportation Expenses for the month will be carried over to reimburse me for Transportation Expenses in a subsequent month. However, if I cease to participate in the Plan (for example, because of termination of employment), amounts remaining in my Transportation Account after reimbursing my Transportation Expenses will be forfeited.

I have read and agree to the terms of participation set forth in this Agreement. I hereby certify that I will use the Transportation Benefits elected above only for purposes of commuting to and from work at the Employer. I certify that, if I receive Transit Passes under the Plan, I will not transfer the Transit Passes to anyone else. I certify that I have listed accurately (as applicable) the commuting cost to and from my home via mass transit or commuter highway vehicle, and the cost of qualified parking. I understand that if I make false, fictitious, or fraudulent certifications, my employer may take an adverse employment action against me, up to and including termination of employment.

Employee Signature

Date

WARNING: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an Insurer or health benefit plan, submits an application or files a claim containing false or deceptive statements is guilty of insurance or health care fraud under state and/or federal law.