



Parking / Transit Plan Enrollment / Change Form

Fax, Mail, or Email your form to:

Compensation Consultants, Ltd.
P.O. Box 720
Cloquet, MN 55720

Fax: 218-879-9684
Email: spw@ccflex.com

Employer Name:	Social Security:
Employee Name:	Date of Birth:
Street Address:	City, State Zip:

Foreword: You can start and stop participation in the Parking and Transit Plans on a monthly pro-active basis. You must complete and submit this signed form 5 business days prior to your first payroll date of the month to make a change. **Mid-monthly changes will not be allowed. Changes can only be made for the entire month.**

Acknowledgement: My employer's benefits have been explained to me and I understand that:

- Claims for Parking/Transit expenses must be submitted for reimbursement within 180 days (6 Months) of incurring expense.**
- I can enroll or terminate a Parking/Transit Plan at any time. There are monthly limits for parking and transit. **The monthly limits change from year to year. Parking \$255.00 Transit \$130.00**
- The total amount deducted for the Parking/Transit Plan does not have to be used during the PLAN YEAR. Any unused amount will carry over from year to year.
- Participation in this PLAN may mean I will pay less Social Security tax, which could slightly reduce my Social Security Benefits.
- I can only submit claims for expenses incurred while I was an active participant in the PLAN.
- If I am a terminated Employee, I will have 90 days from my termination date to submit Parking/Transit expenses that were incurred prior to my termination date.

Request to Participate:

Tax-Free **Parking Program** Benefit Election \$ _____ per month. (Maximum reimbursement amount **\$255.00** per month). This benefit will continue from month to month until the end of the Plan Year unless you file a Request to Terminate.

Tax-Free **Transit Program** Benefit Election \$ _____ per month. (Maximum reimbursement amount **\$130.00** per month). This benefit will continue from month to month until the end of the Plan Year unless you file a Request to Terminate.

Starting Eligibility Date: _____ **Date to Start Payroll Deductions:** _____

Request to Terminate:

Tax-Free **Parking Program** Benefit Election. Please discontinue payroll deductions for this benefit as of _____ (must be for the beginning of a month)

Tax-Free **Transit Program** Benefit Election. Please discontinue payroll deductions for this benefit as of _____ (must be for the beginning of a month)

Request to Waive:

The Parking/Transit Plan has been explained and I elect to waive participation

I elect to waive the Tax-Free **Parking Program** Benefit Election

I elect to waive the Tax-Free **Transit Program** Benefit Election

Employee Signature:	Date:
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