Commuter Benefit Program
Enrollment and Salary Reduction Agreement Form

Print clearly and return this completed Agreement to Human Resources/Benefits Dept.

Employer Name	Employee ID Number
My Name (Last, First, MI)	**Social Security Number**

Street Address	City	State	ZIP Code

Effective Date of Election	Type of Election	
	☐ New Hire Election ☐ Change in Election	☐ Cancel Election for: ☐ Parking ☐ Mass Transit/Van-Pooling

Mass-Transit/Van-Pooling Election		
Qualified expenses are those incurred for commuting to and from your place of employment.		
Salary Reduction Amount Maximum $130 per month	Per Pay Period $_____	Monthly $_____

Parking Election		
Qualified expenses are those you incur to park your vehicle at or near your place of employment, or at or near a place from which you commute.		
Salary Reduction Amount Maximum $250 per month	Per Pay Period $_____	Monthly $_____

Claim reimbursement is sent directly to a bank account of your choice, and you will be notified by email/text alert each time reimbursement is issued.

Note: If you have previously signed up for this option and do not wish to change the information ASIFlex has on file from a previous year, there is no need to complete the following section.

☐ Please use account information below to set up direct deposit to my bank account and send email/text alerts of my account activity. Attach a voided check or copy of a check to this form. Note: Standard text message charges may apply from your wireless provider.

Name of Financial Institution/Bank _____ Bank Routing Number (9-digit) _____

Account number _____ Type of Account: ☐ Checking ☐ Savings

Email: _____ Cell Phone: _____

☐ Mail a check to my home address. ASIFlex and your employer are not responsible for lost or delayed mail.

I understand:

- I have elected to have pretax deductions from my pay. Pretax deductions reduce my compensation for tax purposes which reduces my Social Security benefits.
- This election will continue until this Agreement is amended or terminated as allowed under the Plan.
- I can change or revoke my election on a prospective basis by completing a new Agreement Form and submitting it to Human Resources prior to the first day of the next monthly period.
- My employer may change my election if necessary in order to satisfy certain provisions of the Internal Revenue Code. The monthly limits are set by the Internal Revenue Service and are subject to change at any time, and without notice.
- My election and this Agreement will cease upon termination of employment. Unused funds are forfeited.
- Complete claims with correct supporting documentation must be submitted timely as described in the Plan in order to be considered for reimbursement.
- I am responsible for understanding the Plan and my rights and obligations under the Plan, as specified in my employer's Plan materials.

Employee Signature _____ **Date** _____