

AGREEMENT TO SAVE TAXES ON QUALIFIED TRANSPORTATION EXPENSES

1	Employer		Employee Name		
;	Social Security #		Date of Birth		
	Mailing Address		City		
	Home Phone ()	E-mail (required)		
	(Check All Box	es that apply)			
	\$255), less en	nployer contributions (if appli	uthorize my employer to deduct \$icable) on a pre-tax basis from my payouse the benefit to pay the fare for pub	check to pay for Tran	sit Pass(es) and/or
		TRANSIT PASSES Name of Organization Prov	iding Transit Pass(es):		_
		Form of Public Transit:			_
		Monthly Cost of Mass Tran	nsit:		_
		Per Pay Cost of Mass Tran	sit:		_
		QUALIFIED PARKING Name of Garage or Parking	J Lot:		_
		Location:			_
		Monthly Cost of Parking: _			<u> </u>
		Per Pay Cost of Parking:			<u> </u>
on a my e revol perio elect agre- comi	pre-tax basis. I election will be reke my election and I agree that meted and such detect to the terms semuting to and from	understand that I cannot cha voked upon my termination of and make a new election by by paycheck will be reduced ductions will continue for each et forth in this agreement and orm work at the Employer, as	hat the costs for the coverage(s) that I enge or revoke this Agreement as of any of employment or cessation of eligibility of submitting e new Election Form prior by the amount of my indicated contribution pay period until this agreement is and certify that I will use the Transportation well as certify that I have accurately listle and the cost of qualified parking.	date prior to the next for other reasons. I un to the first day of the on for the Transporta mended or terminated in Benefits elected ON	t month, except hat nderstand that I can enext monthly pay tion Benefits I have d. I have read and ILY for purposes of
Employee Signature:Date				Date	
		LETED BY EMPLOYER	Plan year start (mm/dd/yy)//	and end //	
	Dept		First payroll start date// Pa	y Cycle	

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