



AGREEMENT TO SAVE TAXES ON QUALIFIED TRANSPORTATION EXPENSES

Employer _____ Employee Name _____
 Social Security # _____ Date of Birth _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ E-mail (required) _____

(Check All Boxes that apply)

Transit Passes & Qualified Parking: I authorize my employer to deduct \$_____ per month (up to a maximum of \$255), less employer contributions (if applicable) on a pre-tax basis from my paycheck to pay for Transit Pass(es) and/or Qualified Parking expenses. I intend to use the benefit to pay the fare for public transportation and qualified parking expenses.

TRANSIT PASSES
 Name of Organization Providing Transit Pass(es): _____
 Form of Public Transit: _____
Monthly Cost of Mass Transit: _____
Per Pay Cost of Mass Transit: _____

QUALIFIED PARKING
 Name of Garage or Parking Lot: _____
 Location: _____
Monthly Cost of Parking: _____
Per Pay Cost of Parking: _____

I understand that, by making the above election that the costs for the coverage(s) that I elect will be deducted from my paycheck on a pre-tax basis. 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. I understand that I can revoke my election and make a new election by submitting a new Election Form prior to the first day of the next monthly pay period. I agree that my paycheck will be reduced by the amount of my indicated contribution for the Transportation Benefits I have elected and such deductions will continue for each pay period until this agreement is amended or terminated. I have read and agree to the terms set forth in this agreement and certify that I will use the Transportation Benefits elected **ONLY** for purposes of commuting to and from work at the Employer, as well as certify that I have accurately listed costs of commuting to and from my home via mass transit or commuter highway vehicle and the cost of qualified parking.

Employee Signature: _____ Date _____

TO BE COMPLETED BY EMPLOYER	
Employee # _____	Plan year start (mm/dd/yy) ____/____/____ and end ____/____/____
Dept. _____	First payroll start date ____/____/____ Pay Cycle _____

Benefit Marketing Solutions LLC
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