

## SECTION 132(F) TAX-FREE TRANSPORTATION PLAN BENEFIT ELECTION FORM

This form has to be signed and submitted before the earlier of (1) when the employee is currently able to receive the cash or other taxable amount at the employee's discretion, (2) the beginning of the period to which the benefit is related, or (3) by the cutoff date set by the payroll department. If the form is late, the action will be delayed until the next time Plan requirements are met.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MI LAST

Address \_\_\_\_\_

Email Address \_\_\_\_\_

### I WOULD LIKE TO ELECT A NEW BENEFIT.

I would like to elect the following benefits and deduct the amount indicated from my paycheck before taxes are calculated to pay for eligible transportation expenses. **I understand that I can elect a new benefit at any time. Once elected, I cannot change my election until the beginning of the next coverage period.**

Qualified Parking Expenses Reimbursement Benefit (up to month maximum) \$ \_\_\_\_\_  
The employee pays for the expenses and submits claims requesting reimbursement.

Qualified Parking Expenses Conversion Benefit (up to month maximum) \$ \_\_\_\_\_  
The employer pays for the expenses and deducts expense from employee's paycheck.

TOTAL ELECTIONS: \$ \_\_\_\_\_

### I WOULD LIKE TO CHANGE AN EXISTING BENEFIT.

I would like to change my deductions for the following benefit(s). **I understand that I can only change my deductions at the beginning of a coverage period. If I do not submit the request in time, the change will not take place until the beginning of the subsequent coverage period.**

Qualified Parking Expenses Reimbursement Benefit Change From \$ \_\_\_\_\_ To \$ \_\_\_\_\_  
 Qualified Parking Expenses Conversion Benefit Change From \$ \_\_\_\_\_ To \$ \_\_\_\_\_  
 Transit Pass / Vanpooling Exp. Reimbursement Benefit Change From \$ \_\_\_\_\_ To \$ \_\_\_\_\_  
 Transit Pass / Vanpooling Exp. Conversion Benefit Change From \$ \_\_\_\_\_ To \$ \_\_\_\_\_

### I WOULD LIKE TO TERMINATE AN EXISTING BENEFIT.

I would like to terminate my deductions for the following benefit(s). **I understand that I can only terminate my deductions at the beginning of a coverage period. If I do not submit the request in time, the change will not take place until the beginning of the subsequent coverage period. If a balance remains in my account after deductions are terminated, I can continue to submit claims until any balance in my account is drawn out.**

Qualified Parking Expenses Reimbursement Benefit  Qualified Parking Expenses Conversion Benefit

I have read and understand the Summary Plan Description and agree to act according to its provisions.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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