

**TAI****Commuter Benefit Plan • Enrollment Form****ONLINE***All Information Required - Print Clearly - Sign & Date Below***► EMPLOYER** \_\_\_\_\_

Employee \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

E-Mail \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

**ELECTION TO PARTICIPATE**

I authorize pretax deductions from my salary for the Commuter Benefit Plan (CBP). I understand the annual amount selected will be deducted evenly each pay period throughout the plan year. The monthly amounts shall not exceed the statutory limits set by the IRS each calendar year. I also understand that I may stop, increase or decrease my deductions as well as enroll during the plan year when my transportation expenses change.

**For the calendar year contribution limits, refer to the Employee Summary distributed during the Open Enrollment or contact your H.R. Department. I elect to enroll in the CBP for the following work related transportation expenses:**

**MASS TRANSIT EXPENSES**

- "Transit passes" such as tokens, farecards, vouchers or monthly passes. \$ \_\_\_\_\_
- "Vanpools" or "commuter highway vehicles" having a seating capacity of at least 6 adults (not including the driver). \$ \_\_\_\_\_
- ANNUAL AMOUNT \$ \_\_\_\_\_

**PARKING EXPENSES**

- Parking at or near worksite or to a location for commuting to work by carpool, vanpool or mass transit. \$ \_\_\_\_\_
- ANNUAL AMOUNT \$ \_\_\_\_\_

**► Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_
**TRUST ADMINISTRATORS, INC.**  
 www.trustadmin.com

 Effective Date for Deductions  
 Completed by Employer \_\_\_\_\_
**Routing:** Original to Employer's H.R. Dept. • Copies for Participant and TAI

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