SAMPLE FROM TRUST ADMINISTRATORS, INC.

FLEXIBLE BENEFIT PLAN

EMPLOYEE SUMMARY

January 1, 2008

PRE-TAX EMPLOYEE BENEFITS

INSURANCE PREMIUMS
OUT-OF-POCKET HEALTH CARE EXPENSES
CHILD-DEPENDENT CARE EXPENSES

OVER-THE-COUNTER DRUGS, BANDAGES, DIAGNOSTIC EQUIPMENT
ARE ELIGIBLE FOR REIMBURSEMENT
WITHOUT DOCTOR'S PRESCRIPTION

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Overview of the Plan
It is now open enrollment for the Flexible Benefit Plan (Plan). The Plan allows you to pay for health insurance premiums, health care expenses not covered by insurance and dependent care expenses with **untaxed salary.** Internal Revenue Code section 125 allows you to exchange taxable salary to pay for these expenses. Your plan contributions are not subject to payroll taxes (social security, federal or state income taxes). As a result, you create tax free money to spend as you wish. The **TAX-FREE** savings is never taxed (see Savings Examples at page 3).

The higher your tax bracket, the more you save! **The Plan has three (3) PRE-TAX accounts:**

1. Insurance Premiums: This account is used to convert your cost for insurance premiums charged by your employer (e.g. for spousal or dependent coverage) from an after-tax expense to a pre-tax expense. There are no claims to file. As a convenience, you are automatically enrolled in this account and your tax savings will be included with each paycheck.

Next, select one or both Reimbursement Accounts:

2. Health Care: This account is used to reimburse you for health care expenses not paid by insurance (e.g. drugs, glasses, chiropractors, deductibles, office visits, mileage). For planning purposes, you may include the out-of-pocket expenses of your spouse, children and other dependents even if covered by another employer's plan. Include all their health care expenses except insurance premiums.

Nonprescription Drugs, Equipment and Diagnostics Are Reimbursable Without A Prescription
Over-the-counter drugs (antacids, allergy medicine, pain relievers and cold medicine) are now eligible for reimbursement without a physician's prescription. Other reimbursable items are equipment (crutches, bandages, thermometers, nicotine patch and gum) and diagnostics (insulin and pregnancy kits). For more information, refer to pages 4 and 5 of this Summary or go online to www.trustadmin.com at the "Employee" section.

Your Health Care Maximum Contribution is: Determined by each Employer

3. Dependent Care: This account is used to reimburse you for adult or child day care expenses (for children to age 13, no age limit for adult care) so you (and your spouse, if married) can go to work. **You may contribute up to $5,000 per calendar year per household.**

Special Rule for Dependent Care Tax Credit and Dependent Care Account with Flex-Plan: Tax Credits are increased to $3,000 from $2,400 for one dependent and up to $6,000 from $4,800 for two or more dependents. The Tax Credit income brackets have also changed. Worksheets are available at page 7 to help you determine whether the Tax Credit or the Flex-Plan is better for you. Also, it is now possible to claim the tax credits and contribute $5,000 to the Plan if you have two or more dependents.

Your contributions to the Reimbursement Accounts will be deducted evenly from each paycheck and credited to your accounts. Trust Administrators, Inc. (TAI) will administer the Plan. As you incur expenses, submit claims to them. TAI will reimburse you with the untaxed money from your accounts (see reimbursement cycle on Claim Form). All claims are confidential and comply with HIPAA's privacy rule.

CHECK YOUR ACCOUNT ONLINE

Go to: www.trustadmin.com • Click Account Lookup
Type: Your Social Security Number
Password: tai (lower case)
EMPLOYER "ACCESS" NUMBER: To Be Assigned

Planning Your Expenses
Using the Worksheets at pages 6 and 8, estimate your health and dependent care expenses for the Plan Year. Include health care expenses for you, your spouse and dependents, including domestic partners, even if not covered by your employer's insurance plan(s). Include expenses that are routine and predictable. That's because the IRS says the unclaimed money in your accounts at year end is not returned to you, it reverts to the employer. TAI will advise you periodically (based on the reimbursement schedule) about your account balances so you won't forfeit any money. When planning, you should also contact your doctor and dentist about future uninsured services for you (and your family) so you may include those expenses in the Plan. For your health care account, unclaimed money before year end can be used for saline solution, extra teeth cleanings, over-the-counter drugs, prescription drugs, prescription sunglasses, etc.

Changing Your FSA Elections - During the plan year, you may increase, decrease or stop your contributions (or enroll in the Plan) if you have a "Life" event. Life event examples are:
• Birth, death, marriage, divorce, legal separation or annulment, adoption or placement for adoption of a dependent;
• Change in an employee's employment status or the employment status of a spouse or dependent (commencement or termination of employment, reduction or increase in work hours, strike or lock-out, commencement or return from an unpaid leave of absence, new worksite);
• Residency change of employee or employee's spouse or dependent;
•Status change of an employee's dependents under a plan's eligibility criteria (attainment of a specified maximum age, enrollment or graduation in school, or similar circumstance);
• Significant benefit changes for you, spouse or dependents (Medicaid, Medicare, HIPAA election, custody); or
• Child or adult care expenses (e.g. new provider) - Dependent Care FSA may be modified.

Your Health FSA may not be modified due to employee's or employee's spouse or dependent's change in health, dental or vision plan copayments or deductibles.

Reimbursement of Expenses
When you incur expenses, complete a Claim Form. The term "incurred" means the date services are performed, not the date paid. You may not claim expenses before the start of any plan year or the date of your enrollment. You have an extra 90 days after the end of each plan year to submit last year's expenses - known as the "grace" period. If your employment terminates during the year you may have the option of electing COBRA-Flex for health care expenses (you continue to pay into the account with after-tax money) or may claim expenses up to your termination date through the grace period.

EXAMPLES OF EMPLOYEE SAVINGS

Example 1	**With Plan**	**No Plan**
Employee Income	$24,000.00	$24,000.00
Pre-Tax Deductions		
Health Care Expenses	-1,200.00	-0.00
Taxable Pay	$22,800.00	$24,000.00
Estimated Taxes	5,848.00	-6,396.00
After-Tax Income	$16,952.00	$17,604.00
Health Care Expenses	0.00	-1,200.00
Spendable Income	**$16,952.00**	$16,404.00

Tax-Free Income with Plan: $548.00

Example 2	**With Plan**	**No Plan**
Family Income	$65,000.00	$65,000.00
Pre-Tax Deductions		
Health & Day Care	-6,300.00	-0.00
Taxable Pay	$58,200.00	$65,000.00
Estimated Taxes	-23,077.00	-27,552.00
After-Tax Income	$35,123.00	$37,448.00
Health & Day Care	0.00	-6,300.00
Spendable Income	**$35,123.00**	$31,148.00

Tax-Free Income with Plan: $3,975.00

Your savings may differ based on exemptions, deductions, contributions to retirement, etc.

ABOUT YOUR HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA)

Includes Prescription & Nonprescription Drugs • Medical & Diagnostic Equipment

Your HCRA may be used by you, your spouse and all dependents (including domestic partners) listed on your federal tax return. You are reimbursed up to your annual election, less prior reimbursements. No extra forms are required when filing your taxes. While nonprescription drugs are not eligible on an individual basis, they are reimbursable in a Flex-Plan.

• **Eligible Expenses:** The Internal Revenue Code defines health care as: (a) the diagnosis, treatment or prevention of illness or disease or for the purpose of affecting any structure or function of the body; and (b) transportation primarily for and essential to medical care.

Reimbursement for Nonprescription Drugs, Medical Equipment, Medical Supplies and Diagnostic Equipment: IRS Revenue Ruling 2003-102 dated 9/3/03 allows reimbursement for over-the-counter drugs. The Ruling states that antacids, allergy medicine, pain relievers (e.g. Aspirin, Advil, Alleve, Excedrin, Motrin, Tylenol) and cold medicine are eligible for FSA reimbursement. Revenue Ruling 2003-58 issued on 5/15/03 allows reimbursement for medical equipment (crutches, thermometers), medical supplies (bandages - adhesive strips, ACE type) and diagnostics (insulin and pregnancy kits). Smoke cessation programs are eligible as well as the nicotine patch and gum without a prescription. See next page for sample list of covered items.

While the IRS has liberalized the rules for reimbursement of nonprescription drugs, a physician's prescription is still required for vitamins as well as herbal supplements.

Your health care expenses are not subject to underwriting and referral by your primary care physician is not required. You may also claim expenses for dependents that do not reside with you, but are claimed for tax purposes (e.g. a child attending college in another city or state). See the list below or visit TAI's website for additional information.

• **Ineligible Expenses for Reimbursement:** Insurance premiums (yours or spouse); elective cosmetic surgery; toiletries and other hygiene items; cosmetics; nursing care for a normal, healthy baby; maternity clothes; or bottled water. Other examples are toothpaste and skin ointments without a drug compound or component, and expenses for your general health such as exercise, nutrition or vacations. Insulin and saline solution are covered.

Plan Year Maximum Contribution: Determined by each Employer

ELIGIBLE HEALTH CARE EXPENSES

Acupuncture	Deductibles (family)	Hypnosis for illness	Psychologists
Air Conditioner (allergy)	Dental (crowns/bridges/bonding)	Indian Healing Rites	Seeing Eye Dog & Upkeep
Ambulance Hire	Drugs (by prescription)	Invalid Care	Smoke Cessation w/o Dr.
Artificial Limbs	Drug & Alcohol Rehab	In vitro Fertilization	Special Education
Biofeedback	Eyeglasses + Exams	Lasik Eye Surgery	Special Plumbing
Birth Control Pills	Hair Transplants (per Dr.)	Lip Reading Service	Telephone for deaf
Chiropractors	Handicapped Schools	Lodging @ $50 a night	TMJ surgery/treatment
Christian Scientist	Health Club Dues (per Dr.)	Marital Counseling	Spa or Pool per Dr.
Circumcision	Hearing Devices	Massages (State Licensed)	Vaccines
Contact Lenses + Supplies	Herbalist (State Licensed)	Medical Equipment	Vitamins per Dr. (prenatal)
Co-Payments (office visits)	Holistic (State Licensed)	Mileage (19¢ per mile)	Weight Loss per Dr.
Cosmetic Surgery (per Dr.)	Homeopathic (State Licensed)	Orthodontia	X-rays

Sample List of Equipment, Supplies, Diagnostic Devices and Over-The-Counter Drugs Eligible For Reimbursement

(IRS Revenue Rulings 2003-58 and 2003-102)

ANTACIDS/STOMACH

Alka-Seltzer
Amphojel
Anusol
Bromo Seltzer
Citrucel
Dulcolax
Ex-Lax
Fibercon
Fleets Enema
Gas-X
Maalox
Milk of Magnesia
Mylanta
Pepcid
Pepto-Bismol
Prilosec OTC
Rolaids
Tagamet
Tums
Zantac

PAIN RELIEVERS

Aspirin
Advil
Alleve
Anacin
Bayer
Bufferin
Cystex
Doans
Dramamine
Excedrin
Ibuprofen
Legatrin
Midol
Motrin
Naproxen
Pamprin
Tylenol

COLD-ALLERGY

Actifed
Afrin
Antihistamines
Benadryl
Chloraseptic
Chlor-Trimeton
Claritin
Cold-Eeze
Comtrex
Coricidin
Dimetapp
Drixoral
Nyquil
Robitussin
Sucrets
Sudafed
Suphedrin
Theraflu
Vics 44D

DIAGNOSTIC DEVICES

Blood sugar test kits
HIV test kits
Ovulation kits
Pregnancy test kits
Thermometers

MEDICAL EQUIPMENT

Beds (special needs)
Blood pressure monitor
Breast pump
Crutches
Ionizer
Neck braces
Orthopedic shoes
Reading glasses (from pharmacy)
Wheelchair

MEDICAL SUPPLIES (see ointments)

Ace "Elastic" bandage
Adhesive strips (Band-aids)
Adhesive tape
Butterfly bandages
Cotton balls
Incontinence Protection (under garments)
Insulin
Q-tips
Nicotine Patch and Gum
Saline solution
Sterile gauze pads

OINTMENTS & TOPICAL TREATMENTS (supplies)

Alcohol ("isopropyl")
Bacitracin
Bactine
Caladryl
Calamine
Clearasil
Corn removal medicine
Cortaid ("hydrocortison")
Freezone
Gyne-Lotrimine
Hydrogen peroxide
Lanacain
Lamisil
Lotrimin
Monistat
Neosporin
Polysporin
Preparation H
Tioconazole
Uristat
Wart remover medicine
Witch hazel
Zapzit

Note: Dietary supplements require a physician's note or letter.

Be sure to claim sales tax and mileage (19¢ per mile for 2008).

Note: The above list is not intended to be inclusive of products eligible for health care reimbursement. As a general rule, if a product is within the "categories" listed above, it would be eligible for reimbursement. If you have questions, contact TAI.

ABOUT YOUR HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA)

- HEALTH CARE WORKSHEET -

How Much Money Can You Save?

2008 Tax Brackets with FICA & Medicare

Income Tax Brackets	Filing Status Single	MFJ	MFS	HOH
$1 - $8,025	17.65	17.65	17.65	17.65
8,026 - 11,450	22.65	17.65	22.65	17.65
11,451 - 16,050	22.65	17.65	22.65	22.65
16,051 - 32,550	22.65	22.65	22.65	22.65
32,551 - 43,650	32.65	22.65	32.65	22.65
43,651 - 65,100	32.65	22.65	32.65	32.65
65,101 - 65,725	32.65	32.65	32.65	32.65
65,726 - 78,850	32.65	32.65	35.65	32.65
78,851 - 100,150	35.65	32.65	35.65	32.65
100,151 - 102,000	35.65	32.65	40.65	32.65
102,001 - 112,650	29.45	26.45	34.45	26.45
112,651 - 131,450	29.45	26.45	34.45	29.45
131,450 - 164,550	29.45	29.45	34.45	29.45
164,551 - 178,850	34.45	29.45	34.45	29.45
178,851 - 182,400	34.45	29.45	36.45	29.45
182,401 - 200,300	34.45	29.45	36.45	34.45
200,301 - 357,700	34.45	34.45	36.45	34.45
357,701 & More	36.45	36.45	36.45	36.45

Add State Taxes of 3% to 9% for Extra Savings if applicable. Social Security Limit for 2008 is $102,000; salaries above that amount save 6.2%, but Medicare payments of 1.45% continue.

Be sure to include medical supplies (band-aids, rubbing alcohol) and over-the-counter drugs: allergy medication, aspirin, antacids, cold medicine and pain relievers for you and family members.

For HSAs, you may include long-term care insurance and COBRA premiums.

Health Care Worksheet

List your family's out-of-pocket health care expenses for the plan year (except premiums).

A. Medical Expenses

1. Deductibles ----------
2. Co-Payments ----------
3. Physicals ----------

B. Dental Expenses

1. Deductibles ----------
2. Co-Payments/Crowns ----------

C.Prescription & Nonprescription Drugs

1. Copays (Generic/Brand) ----------
2. Nonprescription ----------

D.Vision Care Expenses

1. Exams/Co-Payments ----------
2. Glasses/Contacts/Supplies ----------

E. Other Health Care Expenses

1. Mileage (19 cents per mile) ----------
2. Parking ----------
3. Lodging [to $50 per night] ----------

TOTAL EXPENSES $ _____

TAX SAVINGS $ _____
Multiply Total Expenses by Tax Bracket

1970 Broadway, Suite 1140 • Oakland, CA 94612
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ABOUT YOUR DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

Your DCRA is for expenses so you (and your spouse, if married) can go to work. You are reimbursed for claims up to your account balance (the excess claimed is reimbursed as new contributions are received).

A "qualifying child" is an individual who satisfies the following four conditions: (i) the individual bears a specific familial-type relationship to the taxpayer (ii) the individual does not provide over half of his/her own support (iii) the individual has the same principal place of abode as the taxpayer for more than half the year and (iv) the individual does not turn age 19, or 24 if a full time student, by the end of the taxable year. Only individuals who bear the following familial type relationship with the taxpayer qualify as a "qualifying child" of the taxpayer:
i. A child (including natural, adopted, foster, and/or step child) and descendant of either grand and great grand children, and
ii. A brother or sister (including step) and a descendant of either nieces or nephews, including step nieces and nephews.

If your spouse is a full-time student for at least five months of the year or disabled, your monthly maximum reimbursement for dependent care expenses is $250 for one dependent and $500 for two or more dependents. If your spouse works part-time or is self-employed, you cannot receive more than the lowest paid spouse's salary or Schedule C net income, respectively. Adjustments possible when filing your taxes.

Contribution Limit: $5,000 per calendar year per household for one or more dependents.

- **Eligible Expenses:** Babysitters (neighbors and their children) state licensed day care centers, preschool (includes lunches and educational services), summer day camp, nurses, tuition (up to, but not including the first grade), and before or after school care. You will need the Tax I.D. Number of each day care center or the social security number for all individuals providing services since this information must be listed on Form 2441 when you file your taxes (same rule as tax credit).

- **Ineligible Expenses:** Food, clothing, shelter, child support, overnight camp, transportation, expenses during non-working hours (e.g. Saturday night movie), or payments to dependents or your children under the age of 19. You cannot be reimbursed for expenses if a tax credit is taken.

ABOUT YOUR DEPENDENT CARE REIMBURSEMENT ACCOUNT (DCRA)

- DEPENDENT CARE WORKSHEET -

How Much Money Can You Save?

Table I • 2008 Tax Brackets

Income Tax Brackets	Filing Status: Single	MFJ	MFS	HOH
$1 - $8,025	17.65	17.65	17.65	17.65
8,026 - 11,450	22.65	17.65	22.65	17.65
11,451 - 16,050	22.65	17.65	22.65	22.65
16,051 - 32,550	22.65	22.65	22.65	22.65
32,551 - 43,650	32.65	22.65	32.65	22.65
43,651 - 65,100	32.65	22.65	32.65	32.65
65,101 - 65,725	32.65	32.65	32.65	32.65
65,726 - 78,850	32.65	32.65	35.65	32.65
78,851 - 100,150	35.65	32.65	35.65	32.65
100,151 - 102,000	35.65	32.65	40.65	32.65
102,001 - 112,650	29.45	26.45	34.45	26.45
112,651 - 131,450	29.45	26.45	34.45	29.45
131,450 - 164,550	29.45	29.45	34.45	29.45
164,551 - 178,850	34.45	29.45	34.45	29.45
178,851 - 182,400	34.45	29.45	36.45	29.45
182,401 - 200,300	34.45	29.45	36.45	34.45
200,301 - 357,700	34.45	34.45	36.45	34.45
357,701 & More	36.45	36.45	36.45	36.45

Add State Taxes of 3% to 9% for Extra Savings if applicable. Social Security Limit for 2008 is $102,000; salaries above that amount save 6.2%, but Medicare payments of 1.45% continue.

Table II • Tax Credits

ADJUSTED GROSS INCOME	Credit Percentage
$1 - $15,000	35%
15,001 - 17,000	34
17,001 - 19,000	33
19,001 - 21,000	32
21,001 - 23,000	31
23,001 - 25,000	30
25,001 - 27,000	29
27,001 - 29,000	28
29,001 - 31,000	27
31,001 - 33,000	26
33,001 - 35,000	25
35,001 - 37,000	24
37,001 - 39,000	23
39,001 - 41,000	22
41,001 - 43,000	21
43,001 & Over	20

Dependent Care Worksheet

Worksheet 1.

Which Saves You The Most Money . . .
The Flex-Plan or Tax Credit?

1. List Dependent Care costs for the Plan (up to $5,000 for 1 or more dependents - a household limit). _____

2. Find taxable income in Table I and multiply Tax Rate by Line 1. _____

3. List Dependent Care costs for the Tax Credit; up to $3,000 for one dependent and $6,000 for two or more. _____

4. Find Adjusted Gross Income (AGI) in Table II and multiply % by amount in Line 3. _____

Worksheet 2.

For Two or More Dependents . . .
Use After Completing Worksheet 1 with contributions of $5,000 to the Flex-Plan

1. Enter expenses above $5,000 (up to $1,000) for Line 1. _____

2. Find Adjusted Gross Income in Table II. Multiply tax credit % by amount in Line 1. _____

Note: The amount in Line 2 from Worksheet 2 should be added to the Flex-Plan's dependent care expenses when filing Form 2441.

Tax Credits are applied to taxes owed. They are not a dollar-for-dollar tax savings from salary like Flex-Plans.

Tax Credits (Code §21) and Flex-Plans (Code §125) both require Form 2441 to be attached to individual's Tax Form 1040.

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Telephone: 800-932-3539 • 510-451-2810
Fax: 510-451-8611

SAMPLE FROM TRUST ADMINISTRATORS, INC.

FLEXIBLE BENEFIT PLAN - ENROLLMENT FORM

FLEX

Plan Year: Start: January 1, 2008 End: December 31, 2008

Print Clearly

Employee Name_____Social Security #_____-_____-_____

Date of Birth_____Home Telephone_(_____)_____

Home Address (Street)_____

City _____ State_____Zip code_____

E-Mail Address _____

ELECTION TO PARTICIPATE

I understand the payment of insurance premiums charged to me by my employer, as applicable, will be automatically paid pre-tax via my paycheck. My tax savings will be included with each paycheck (no claim required to receive benefit).

I also authorize pre-tax deductions from my salary for the Reimbursement Accounts listed below. I understand that the amount(s) elected for any of the two Reimbursement Accounts will be deducted evenly each pay period throughout the plan year. I am also aware that I have 90 days (referred to as the "grace period") from the end of the plan year to submit claims for expenses incurred during this plan year and that unclaimed expenses after the grace period will be forfeited. I also understand that my elections may not be changed during the plan year unless I experience a family status change.

A. HEALTH CARE REIMBURSEMENT ACCOUNT

I elect to enroll in the Health Care Reimbursement Account (HCRA). I have entered the amount at the right (transferred from the Worksheet).

Maximum Contribution Limit:

Determined by each Employer **$** _____

B. DEPENDENT CARE REIMBURSEMENT ACCOUNT

I elect to enroll in the Dependent Care Reimbursement Account (DCRA). I have entered the amount at the right.

Calendar Year Contribution Limit: $5,000.00 ($416.66 per month)

The limit is $2,500 if married, but file separate tax returns. These limits are household limits and must be coordinated with other Flex-Plans.

$ _____

> _____

Employee Signature Date

Effective Date for Deductions

Completed by Employer _____

Distribution: Original to Employer • Copies for Participant and TAI

SAMPLE FROM TRUST ADMINISTRATORS, INC.
FLEXIBLE BENEFIT PLAN - CLAIM FORM - NO ROLLOVER

TAI

FLEX

Plan Year: Start: January 1, 2008 End: December 31, 2008

Reimbursement Schedule

Determined By Each Employer

Print Clearly

Employee Name_____ Social Security #_____-_____-_____

Home Address (Street)_____ Check Box if New Address ☐

City _____ State_____ Zip code_____

Daytime Phone_(_____)_____ Check Box if Terminated: ☐ Date Terminated:_____

E-Mail Address _____

FILING CLAIMS: (1) List expenses. Attach extra Forms if needed. SIGN and DATE below. (2) Attach copies of receipts and keep a set for your records. (3) Mail to Trust Administrators, P.O. Box 20710, Oakland, CA 94620 [CHECK YOUR POSTAGE AND BE SURE DOCUMENTS LEGIBLE]
QUESTIONS? 800-932-3539 • **FAX CLAIM: 510-451-8611**

CHECK YOUR ACCOUNT ONLINE

"ACCESS" NUMBER: To Be Assigned
Password: tai www.trustadmin.com

A. HEALTH CARE REIMBURSEMENT ACCOUNT

NAME OF PERSON RECEIVING BENEFIT	DATE INCURRED	DESCRIBE EXPENSE (Medical-Dental-Vision)	AMOUNT CLAIMED

Limit: Determined by each Employer **$**

B. DEPENDENT CARE REIMBURSEMENT ACCOUNT

Provider's Name_____ (Provider's signature serves as receipt)

Provider's Tax ID/SS#_____ Provider's Signature_____

NAME OF PERSON RECEIVING BENEFIT	DATE INCURRED	DESCRIBE EXPENSE (Adult-Child Day Care)	AMOUNT CLAIMED

ANNUAL CLAIM: Claim the amount enrolled along with provider information and you will never miss a reimbursement cycle. Submit new form if provider changes. **$**

Employee Signature _____ Date _____

I understand the expenses claimed above will not be claimed from another Plan or taken as deductions or tax credits on my tax return.

SAMPLE FROM TRUST ADMINISTRATORS, INC.
DIRECT DEPOSIT AUTHORIZATION FORM

This form not required for reimbursement through Employer's payroll system.

All Information Required - Print Clearly - Sign & Date Where Indicated

Instructions: Use this Form to commence, change or cancel your direct deposit with TAI. Allow up to three weeks from the date TAI receives your Form to activate your account because of processing by the Federal Reserve. Reimbursement will occur only upon submission of a claim form. You must sign, date and include with this Form a "voided" check - no deposit slips. Write "Void" across the middle of the check (make sure the account numbers are legible). For security purposes, TAI may deposit as little as 1 cent to test your direct deposit account. Reimbursement will follow the schedule outlined below.

If you have previously filed a Direct Deposit Form, you do not have to complete this Form.

REIMBURSEMENT SCHEDULE

Determined By Each Employer

Employee Name_____ Social Security #_____-_____-_____

Home Address (Street)_____

City _____ State_____ Zip Code_____

Daytime Phone_(_____)_____

E-Mail Address _____

Check applicable box

Start Direct Deposit [ ] Change Account [ ] Cancel Account [ ]

Indicate Type of Account

Checking Account [ ] Savings Account [ ]

Fax this Form with your voided check to 510-451-8611 and TAI will obtain the U.S. Federal Reserve's routing and account numbers on your behalf. Remember, no deposit slips.

Employee Signature _____ Date _____