



TRANSPORTATION BENEFIT ENROLLMENT FORM

707 NE Couch
Portland, OR 97232
503-542-4615 (Melissa Allen)
503-542-4623 (Fax #)

Employee Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Beneficiary \_\_\_\_\_

I request the following amount(s) to be reduced per period:

Employer Disbursed Reduction

Parking \$ \_\_\_\_\_ (max \$127.50 per pay period - based on semi-monthly pay period)

Transit Pass \$ \_\_\_\_\_ (max \$65.00 per pay period - based on semi-monthly pay period)

Total Transportation Disbursement \$ \_\_\_\_\_

I certify that the above information is correct and true to the best of my knowledge. The above amounts may only be changed due to a qualifying event and the beginning of each Plan year. I understand that any amounts remaining in my account at the end of the Plan year will be rolled into the next Plan Year, and would only be forfeited if I terminate employment or fail to re-enroll at the end of a plan year. I also understand that the above reductions may correspondingly reduce my future social security benefits.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

DECLINATION OF PARTICIPATION

I have been given the opportunity to participate in the Section 132 Transportation Expense Benefit Plan, and have elected not to do so.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_