

Qualified Transportation Fringe Benefit Plan  
ELECTION FORM  
CBIZ Payroll, Inc.  
P.O. Box 20, Roanoke, VA 24002

Return this form to your Human Resources Department

Employer: \_\_\_\_\_ EE ID#: \_\_\_\_\_

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Contribution Start Date: \_\_\_\_\_ Pay Periods: 52 26 24 12

The Company and I hereby agree that my cash compensation will be reduced by the amounts set forth below for each pay period during the month (or during such portion of the month as remains after the date of this agreement).

**Qualified Parking and Transit Expense Agreement**

I understand that my cash compensation will be reduced by amounts equal to my contribution for the qualified parking and transit expenses for my employer-sponsored Section 132(f) benefit as follows and if my required contributions for the elected benefits are increased or decreased while this agreement remains in effect due to the changing facility parking expenses, my compensation reduction will automatically be adjusted to reflect that increase or decrease.

**Qualified Parking & Transit Elections**

(The section below must be completed in full)

	Per Pay Amount	Annual Total
Qualified Parking Expenses (\$230/mo. Maximum)	_____	_____
Qualified Transit Expense (\$230/mo. Maximum)	_____	_____
<b>TOTAL QTFB REDUCTION AMOUNT:</b>	_____	_____

This agreement is subject to the terms of the Company's Section 132(f) Qualified Transportation Fringe Benefit provisions, as amended from time to time and shall be governed by and construed in accordance with applicable laws and revokes any prior election and compensation reduction agreement relating to such benefit(s). My signature indicates that I have read and understand the Terms and Conditions (included with this form).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Qualified Transportation and Fringe Benefit has been explained to me and I decline to participate or wish to terminate participation effective the end of this month: \_\_/\_\_/\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*HR Representatives should forward this form to the appropriate Payroll Specialist and then to CBIZ Payroll, Inc.  
Attn: FSA (Section 132) Administration, PO Box 20 Roanoke, VA 24002, Fax: 800-584-4185*