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ELECTION FORM FOR TRANSPORTION BENEFIT PLAN

PLEASE COMPLETE ALL FIELDS ON THE FORM AND PRINT CLEARLY AND LEGIBLY

Employer _____ Employee Name _____
 Social Security # _____ Date of Birth _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ E-mail Address _____
(Highly Recommended for Debit Card Receipt Notification)

(Check all boxes that apply)

- Transit Passes:** I authorize my employer to deduct the amount noted below per **month** (\$260 per month maximum, less employer contributions if applicable) and my deduction will be **per pay** on a pre-tax basis from my paycheck to pay for Transit Pass(es)). I intend to use Transit Pass(es) to pay the fare for public transportation.

Name of Organization Providing Transit Pass(es): _____

Monthly Cost of Mass Transit: _____

Per Pay Cost of Mass Transit: _____

- Qualified Parking:** I authorize my employer to deduct the amount noted below per **month** (\$260 per month maximum, less employer contributions if applicable) and my deduction will be **per pay** on a pre-tax basis from my paycheck to pay for parking each month at the following location:

Name of Garage or Parking Lot: _____

Location: _____

Monthly Cost of Parking: _____

Per Pay Cost of Parking: _____

I understand that, by making the above election that the costs for the coverage(s) that I elect will be deducted from my paycheck on a pre-tax basis. I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. I understand that I can revoke my election and make a new election by submitting a new Election Form prior to the first day of the next monthly pay period. I agree that my paycheck will be reduced by the amount of my indicated contribution for the Transportation Benefits I have elected, and such deductions will continue for each pay period until this agreement is amended or terminated. I have read and agree to the terms set forth in this agreement and certify that I will use the Transportation Benefits elected **ONLY** for purposes of commuting to and from work at the Employer, as well as certify that I have accurately listed costs of commuting to and from my home via mass transit or commuter highway vehicle and the cost of qualified parking. Certain eligible Transit Plans are designed with the ability to add an HRA Debit Card to the Plan. If applicable, it is imperative you read all details provided with issued card to satisfy IRS requirement for transaction verification.

Employee Signature: _____ Date _____

MUST BE COMPLETED BY EMPLOYER	Effective Date of Transit Participation (mm/dd/yy) ____/____/____ and end ____/____/____
	Dept _____ First payroll start date ____/____/____ Pay Cycle _____
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