



Metro Bus Pass Program

You may purchase Metro bus passes with pre-tax dollars!

How it works:

1. Determine the amount of dollars you spend in bus fare for your commute to work. Keep in mind the "Use it or lose it" rules do not apply to this program. Enroll in the plan by completing this form and giving it to your contact in Human Resources. Payroll deductions will begin soon thereafter.
2. To order a bus pass, complete a separate order form and send to Custom Design Benefits. We will process your request (once you have contributed enough to sustain the charge) and you'll receive your bus pass via the U.S. Mail within 10 business days.
3. For best results, order your next month's pass by the 15th of the month.

ENROLLMENT FORM

Employee Number: _____ Social Security Number: _____

Employee Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Check here if new address

Phone: _____ Email: _____ Location: _____

Date of Hire: _____

Date the deductions should begin being withheld from pay: _____

Number of pays per year: 12 or 24 or 26 or 52

Deduction per pay period \$ _____

Maximum Reimbursement of \$115* per month - *For 2008 – Indexed Annually

I understand that reimbursement will be available only for qualifying expenses as defined in Section 132 of the Internal Revenue Code. I agree to notify the Company if I have reason to believe that any expense for which I have obtained reimbursement is not a qualifying expense. I also agree to indemnify and reimburse the Company on demand for any liability it may incur for failure to withhold federal, state, or local income tax or Social Security tax from any reimbursement I receive of a non-qualifying expense, up to the amount of additional tax actually owed by me.

I understand that I can change or revoke this compensation reduction agreement at any time during the plan year. I understand that the Plan Administrator may reduce or cancel my compensation reduction or otherwise modify this agreement in the event he or she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code. I understand that my participation in this plan may reduce my Social Security benefits slightly as a result of my election.

Signature: _____ Date: _____

My signature authorizes my employer to make payroll deductions on a pre-tax basis in agreement with the plan benefit elected above.