

SALARY REDIRECTION AGREEMENT

ALTRES Pre-Tax Commute Plan				Employer:			
EMPLOYEE INFORMATION							
	Effective Date:	Plar	n Year:	1/1 - 12/31/			
	Social Security Number:						
	Name: (Last)						
	Address:						
	Email:						
ELECTION TYPE AND AMOUNT							
	FOR ALTRES USE OF						
	Plan Name	Election Amount*	Type of Election		f of Deductions	Annual Election	
	Parking Expenses	\$per month	□ New Election □ Change in Election □ Re-Enrollment □ Cancel Election			\$	
	Bus Pass/Mass Transit Expenses	\$per month	☐ New Election ☐ Change in Election ☐ Re-Enrollment ☐ Cancel Election	1		\$	
My election of benefits under the commute plan can only be changed as of the beginning of the next coverage period in accordance with the employer's plan document and that any election change will not be effective until the first paycheck in the coverage period after the change is processed by my employer. Elections under the commute plan reduce my taxable compensation for Social Security tax purposes. This may result in a corresponding reduction in Social Security benefits. A copy of the Summary Plan Description, which describes the operational guidelines and reimbursement procedures for use hereunder, has been provided to me by my employer/plan administrator. I understand that the plan document will control notwithstanding any contrary oral representation by any person. I understand that reimbursement will be available only for eligible expenses, and I agree to notify my employer if I receive reimbursement for an expense that does not qualify. In addition to and without limiting in any way any rights my employer, the plan, and their respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including but not limited to benefit elections, wages, employment status, and transit benefit information) to the extent they deem reasonably necessary to administer the plan (including evaluating and processing requests for payment of claims). I further authorize my employer, the plan, and their respective agents, employees, subcontractors, and assigns to further disclose any such personal information in any manner deemed necessary in furtherance of such purpose. I hereby waive and release any claims related to the use, disclosure, or release of such information so long as the information is used in furtherance of plan administration. Care FSA expenses and to retain paper documentation for any claims adjudicated by the Card.							
WAIVER OF PRE-TAX BENEFITS - ACKNOWLEDGEMENT							
	By choosing to cancel my election and signing below, I certify that the features and benefits under the pre-tax commute plan have been explained to me completely. I elect to waive all pre-tax benefits under the plan.						
ENROLLMENT - ACKNOWLEDGEMENT							
I hereby enroll in my employer's pre-tax transportation plan and elect to have my salary redirected (as noted below) to fund qualified transportation benefits. I understand that an amount equal to the total amount of my election will be withheld from my salary, thereby reducing my compensation by the amount of salary redirection I elect. This election will continue for each pay period until this agreement is amended or terminated for a future coverage period. In addition, I understand that pre-tax contributions reduce my compensation for Social Security tax purposes, and that my Social Security benefits therefore may be decreased. I elect to receive the amount listed below for qualified transportation expenses. Any previous election and Salary Reduction Agreement under the transportation plan is hereby revoked. My employer's deduction of contribution amounts hereunder shall evidence acceptance of this agreement.							
	SIGNATURES						
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ΕM	ployee Signature	Date	*Employer S	signature (r	equired for mid-year chan	ges) Date	