

COMMUTER ENROLLMENT/REVISION

Effective: January 1, 2020 through December 31, 2020

INSTRUCTIONS: Complete the following Enrollment Form(s) to the best of your knowledge if you wish to participate in any portion of the flexible benefit plan. You may elect to participate in one or any combination of the benefits outlined below. After completion, please return the form(s) to your in-house Benefits Administrator for processing. Pension Dynamics will then set up your account within two (2) business days after receiving the completed form(s) from your employer. After your account is set up, please go to <https://benefits.pensiondynamics.com> and log in to your account per the instructions included in your plan handbook. If you do not have a copy of the handbook for this benefit, please contact your in-house Benefits Administrator or Pension Dynamics LLC directly.

Plan Name: _____

Example "ABC Company 132(f) Tax-Free Transportation Plan" If you are unsure about your Plan Name please contact your in-house benefits administration.

SECTION 1. EMPLOYEE INFORMATION All fields are required

| | | | | |
|---------|-------|-------------------------|-----------------------|-----------------------------------|
| Name | | Social Security Number | Date of Birth | Male or Female Gender (circle) |
| Address | | Personal E-mail Address | | |
| City | State | Zip Code | Personal Phone Number | |

SECTION 2. PLAN PARTICIPATION To terminate your participation in a benefit, please elect zero (\$0) for that benefit

Transportation Expense Reimbursement Account

I elect \$ _____ monthly.

I authorize my employer to reduce my salary on a pre-tax basis, **not to exceed \$270 per month**, to be used for the reimbursement of my eligible transportation expenses.

Parking Expense Reimbursement Account

I elect \$ _____ monthly.

I authorize my employer to reduce my salary on a pre-tax basis, **not to exceed \$270 per month**, to be used for the reimbursement of my eligible parking expenses.

SECTION 3. PARTICIPANT AUTHORIZATION Please read the section carefully

I understand:

The plan handbook has more detailed information and that I can request said handbook from my in-house Benefits Administrator at any time.

This election will go into effect the month after I submit this form to the appropriate in-house Benefit Administrator.

The election I have made will remain in place until I change or rescind by completing a new election form and submitting it to the appropriate in-house Benefit Administrator.

I will be using the benefit exclusively for my daily direct commute from home to work and the return commute.

I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person(s).

This plan will end if I am terminated mid-year and that I will have 90 days of said termination to submit claims incurred while I was an active employee.

My Social Security Benefits and/or Disability may be affected by this election.

And agree that false certification or fraudulent claims may result in disciplinary action taken by my employer, up to and including dismissal from employment and prosecution for Federal Income Tax evasion.

Employee Signature

Date