

Transportation Benefit Plan Enrollment/Change/Cancellation Form

This form authorizes automatic payroll deductions on a pretax basis for qualified transportation expenses under the company's Transportation Benefit Plan (TBP) and in compliance with IRS Code Section 132(f). It may also be used to authorize a change or cancellation of participation in the plan. If you would like to enroll in the program, make a change or cancel your current enrollment, please complete this form and submit it to Human Resources at least 10 business days prior to the 1st of the month for an effective date of the 1st of the next month.

Employee name: _____ Social Security number: _____

For initial enrollment please complete the following:

___ Mass Transit (Maximum \$115 per month effective 01/01/08) \$ ____ per month

Mass transit includes bus, subway, train and ferry for personal use when commuting to work. Receipts or cancelled checks must be attached.

___ Van Pool (Maximum \$115 per month effective 01/01/08) \$ ____ per month

For a change, including a cancellation of participation, please complete the following:

Please change my deduction as follows:

___ Mass Transit: from current \$ ____ per month to \$ ____ per month

___ Van Pool: from current \$ ____ per month to \$ ____ per month

For cancellation of participation, please complete the following:

Please cancel my deduction as follows:

___ Mass Transit: current \$ ____ per month

___ Van Pool: current \$ ____ per month

Employee Signature: _____

Date of Submission: _____

Effective date will be 1st of the month if this form is correctly completed and submitted 10 business days prior to the 1st of the month.