



Blue Cross Blue Shield  
of the Rochester Area

An Excellus Company

165 Court Street, Rochester, NY 14647

Independent Licensees of the  
Blue Cross Blue Shield Association

## Parking & Public Transportation Account Election Form

**Note: There are 23 payroll deductions  
during the calendar year.**

\_\_\_\_\_ Enroll \_\_\_\_\_ Change \_\_\_\_\_ Terminate

Employee's  
Full Name

Address

City,  
State,  
Zip Code

Social Security Number

Name of Employer

Employee Telephone Number

Check here \_\_\_\_\_ if new address

**Parking Expense Election:**

I hereby elect to participate in my Employer's Parking Reimbursement Account Plan, effective as of \_\_\_\_\_ by contributing \$ \_\_\_\_\_ **per pay period** into the Plan (\$175.00 monthly maximum or \$2,100.00 annual maximum), to pay for certain parking expenses on a tax-free basis.

**Public transportation Election:**

I hereby elect to participate in my Employer's Public Transportation Reimbursement Account Plan, effective as of \_\_\_\_\_ by contributing \$ \_\_\_\_\_ **per pay period** into the Plan (\$65.00 monthly maximum or \$780.00 annual maximum), to pay for certain public transportation expenses on a tax-free basis.

I understand that the only type of parking that is eligible for tax-free reimbursement from this Plan is qualified parking, on or near the employer's facility, or on or near a location from which the employee commutes to work by public transportation. If the parking is on or near the employee's residence, it is not eligible for tax-free reimbursement under this Plan.

A public transportation pass means any pass or similar item which entitles the employee to transportation provided that such transportation is on mass transit facilities.

My elections will continue, unless I cease or change them by completing a new Election Form and returning the Form to my Employer.

My reimbursements will be made to me on a monthly basis by my submission of Parking & Public Transportation Reimbursement Account Forms, along with supporting receipts.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_