

Parking & Public Transportation Account Election Form

165 Court Street, Rochester, NY 14647

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

Enroll	Change	Terminate	Social Security Number
Employee's Full Name			Name of Employer
Address			Employee Telephone Number
City, State, Zip Code			Check here if new address
of	participate in my by contributi um or \$2,100.00 a tation Election: participate in my by maximum or \$75	ng \$ pannual maximum), to Employer's Public Total contributing \$	Reimbursement Account Plan, effective as er pay period into the Plan (\$175.00 pay for certain parking expenses on a tax-free ransportation Reimbursement Account Plan, per pay period into the Plan n), to pay for certain public transportation
parking, on or near th	e employer's fac on. If the parkin	ility, or on or near a le	tax-free reimbursement from this Plan is qualified ocation from which the employee commutes to world ployee's residence, it is not eligible for tax-free
A public transportation provided that such tra	n pass means an	y pass or similar item mass transit facilities	which entitles the employee to transportation
My elections will con Form to my Employer	tinue, unless I ce	ease or change them b	y completing a new Election Form and returning the
My reimbursements witten Reimbursement A	rill be made to m account Forms, a	e on a monthly basis l long with supporting	by my submission of Parking & Public Transporta- eceipts.
Employee Signature			Date
instance Cinner			Date

White: FSA Department

Yellow: HR Department

Pink: Payroll