

## TSRI Transit Benefit Account - Salary Reduction Agreement 2009

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: 4- \_\_\_\_\_

Request Type (circle one):    Enrollment          Change          Termination          Effective: \_\_\_\_\_

Please enter the amount you wish to have set aside each month from your paycheck, the additional amount you will pay on a monthly basis (Coaster passes only) and the type of pass you would like. In the second box below, please specify the details on the transit pass or vanpool request. The maximum salary reduction is **\$230.00** per month.

Month	TSRI Pre-Tax Paycheck Deduction	Check Amount from Employee (Coaster Only)	Type of Pass (complete detailed pass info below)			Deadline for Order Request
			Bus	Coaster	Shuttle	
January						12/05/08
February						1/9/09
March						2/06/09
April						3/13/09
May						4/10/09
June						5/08/09
July						6/12/09
August						7/10/09
September						8/07/09
October						9/11/09
November						10/9/09
December						11/13/09

**Type of Pass (check/fill in ALL applicable info):**

BUS	COASTER	VANPOOL/SHUTTLE
<input type="checkbox"/> Monthly \$68	<input type="checkbox"/> Monthly	Vendor: _____
<input type="checkbox"/> Monthly (Breeze) \$59	<input type="checkbox"/> Monthly Senior	
<input type="checkbox"/> Monthly Unlimited \$90		
	# of Zones: _____	

I fully understand that this election will remain in force unless I notify TSRI Benefits Administration in writing of my wish to revise my election. Elections can be changed only once per month and must be received in Human Resources by the deadlines specified above. I further understand that cash reimbursement of any unused amounts cannot occur, but I may rollover any unused amounts into the following months.

I also understand that if a transit pass exceeds **\$230.00**, I am responsible for insuring that a check in excess of that amount will be received in Human Resources by the specified deadlines or TSRI will not purchase a transit pass for me. (**Personal checks should be made out to NCTD**). Transit passes will be available in Human Resources prior to the 1<sup>st</sup> day of the month in which they are to be used. I accept full responsibility for picking up my pass and understand that Human Resources will not mail them to me.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed form to TPC-11. For additional information, please call 4-8293.

HR Only: Benefits: \_\_\_\_\_ Date: \_\_\_\_\_