TRANSPORTATION EXPENSE ACCOUNT PLAN
TERA-PARKING AND TERA-VANPOOL
CHANGE IN PARTICIPATION

PLEASE PRINT OR TYPE:

LAST NAME: _____ FIRST: _____

EMPLOYEE ID OR SSN: _____ WORK PHONE: _____

DEPARTMENT: _____ LOCATION: _____

Check One:

___ New Enrollment ___ Change in Election Amount* ___ Cancellation of Participation**

Monthly Deduction Amount: $_____ TERA-PARKING $_____ TERA-VANPOOL

I authorize this deduction to be taken on a pre-tax basis from the first paycheck of each month for future months until this authorization is amended or terminated by me. I understand that transportation expenses otherwise paid or reimbursed by Ramsey County may not also be reimbursed through this program. I understand that claims must be submitted within 180 days of the date the expenses were incurred. I also understand that, while funds can roll over into subsequent years, any money remaining in my account (subject to the limitations described in the plan summary) will be forfeited to the County when I stop participating in the plan or terminate employment with Ramsey County.

I have read and agree to the terms of participation set forth on this form. I hereby certify that I will use the Transportation Expense Reimbursement Account only for eligible expenses incurred for purposes of commuting to and from work.

_____ _____
Signature of Employee Date

* If you reduce your deduction to zero, you have terminated participation in the plan. Expenses incurred following the termination will not be eligible for reimbursement.

** Claims for expenses incurred prior to cancellation must be submitted within 180 days of the date incurred, but no later than 90 days following the effective date of the cancellation.

Form must be received by your Department Benefits Representative by the 15th of the month prior to the month in which you wish the enrollment/change to be effective. Keep a copy for your records.

For benefit processing use only:

Date received: _____ Effective date: _____