EMPLOYEE ENROLLMENT FORM
Commuter Benefit Accounts

Please sign, date, and complete each line on the enrollment form. Enter zero (0) where no amount is being elected.
Return the completed and signed form to your employer for processing.

For Employer to complete:

Employer Name LADWP _____ Employer TASC ID # 4407-2699-0350 _____

Employer Class _____

Employer Division _____ Employer Sub-Division _____

Participant Plan Effective Date _____ First Payroll Date _____

INDIVIDUAL/PARTICIPANT INFORMATION

First Name:		MI:		Last Name:			
TASC ID # (if known):		Email Address:					
Primary Phone #:		Mobile Phone #:					
Primary Address:	Address Line 1:				Apt:		
	Address Line 2:						
	City:						
	State:		ZIP/Postal Code:		+4		
Date of Birth:		Hire Date:		Payroll Frequency:			

All fields are required to access your account online or via your mobile phone, or to receive personal account notifications. Information is confidential and is not used for marketing purposes.

ELECTION INSTRUCTIONS

Instructions for entering elections under each applicable commuter account type:

1. **Transit Account Election:** Amount incurred per month to travel to and from work on mass transit facilities, or commuter highway vehicles. Examples of eligible expenses are vouchers, fare cards, or tokens for a bus, train, ferry, subway, or ride-share services (i.e., uberPOOL, Lyft Line, vanpool). Monthly limits apply.
2. **Parking Account Election:** Amount incurred per month for parking expenses at or near your place of employment or at a location from which you commute to work (e.g. ramp or park 'n ride). Monthly limits apply.

BENEFIT ELECTIONS

Prior to completing your election amounts below, please refer to the instructions.

I request the following amount(s) to be deducted pretax:		Employee Monthly Salary Reduction Election Amount	EMPLOYER Monthly Contribution *(if applicable)*	Maximum Employee Monthly Election
1	**Transit Reimbursement Account**	$	$	$ 325
2	**Parking Reimbursement Account**	$	$	$ 325

****AUTHORIZATION SIGNATURE REQUIRED ON PAGE 2****

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AUTHORIZATION

I understand and agree that my compensation will be reduced on a pretax basis in the manner and amount I have elected above.

I understand amounts remaining in my benefit account(s) elected above that are not used for qualified expenses incurred during the plan year will be forfeited in accordance with current plan provisions and tax laws and that if I cease to participate in the plan such as due to termination of employment, unused funds will be forfeited. I further understand the pre-tax compensation deduction(s) elected above will be in effect for the entire plan year and cannot be changed or revoked except as permitted by federal law.

I certify that I will use the benefits elected above and use any debit card that may be provided under this plan only for purposes of reimbursing expenses that have been incurred for commuting to and from work at my Employer and that, if I receive Transit Passes under the plan, I will not transfer the Pass to anyone else. I understand that if I make false, fictitious, or fraudulent certifications, my employer may take an adverse employment action against me, up to and including termination of employment.

I agree that upon inappropriate or fraudulent use of the TASC Card or termination of employment, I will immediately return all TASC Cards to my Employer.

Signature: _____ Date: _____

For enrollment assistance: call toll-free 800-422-4661
Have your enrollment form, employer name, and the Client ID# ready.

Find all IRS limits on our resource web page: https://www.tasconline.com/benefits-limits/

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