



**Tax-Free Transportation Program  
Election and Salary Reduction Agreement  
Enrollment Form**



**EMPLOYER NAME:** RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. **GROUP:** 4002

**EMPLOYEE NAME:** \_\_\_\_\_ **SOCIAL SECURITY NO.:** \_\_\_\_\_

**EMPLOYEE ADDRESS:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Number/Street City State Zip Daytime Phone Number

**Date of Birth:** \_\_\_\_\_ **Date of Employment:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Yes, I want to receive my Quarterly Statements and other communications by email

**Check one:**  New Enrollment  Change   For CFH use

I do hereby elect to participate in the above-named plan and receive non-taxable benefits by reducing my compensation by the amounts listed below. Each of my elections satisfy the requirements of the Program as described in the Tax-Free Transportation Program Document.

**Employer Complete**  
**Effective Election Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**I HEREBY ELECT:**

	Reimbursement Account Monthly Amount	Per Pay Period Election
Transportation Account	_____	_____
Parking Account	_____	_____
<b>TOTAL SALARY REDUCTION</b>	<b>=====</b>	<b>=====</b>

**I HEREBY AGREE AND UNDERSTAND**

- That the payroll deductions are pre-tax, and may not be itemized and deducted again, when I file my IRS Form 1040;
- That the election amounts as stated above will continue until changed or revoked;
- That if the employer incurs a liability for failure to withhold federal, state, local, or FICA taxes due to a fraudulent act by me, I will indemnify and reimburse the employer that liability upon demand.

IN WITNESS THEREOF, I certify that, the elections listed above are true and correct, and that I agree to comply with the terms and conditions of the Tax-Free Transportation Program.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature