ADMINISTRATION PROVIDED BY:
Diversified Group
PO Box 299, Marlborough, CT 06447
860-295-0238, toll free 888-322-2524

Section 132 Transportation Fringe Benefit Plan
Election Form/Salary Reduction Agreement

Group Name: **Research Foundation for Mental Hygiene, Inc.** **Group Number:** **DAC274G** **Plan Year:** **2015**

Last Name: _____ **M.:**___ **First Name:** _____

Date of Birth: _____ **Sex M/F:** _____ **Date of Hire:** _____

Address: _____ **City:** _____ **ST:** ____ **Zip:** _____-_____

Social Security: _____ **Contribution Start Date:** _____

Election of Pre-Tax Benefits under the Transportation Fringe Benefit Plan

☐ **Mass Transit**: I authorize my Employer to deduct $_____/per pay for a total of $_____/ per month for a Mass Transit Account on a pre-tax basis from my paycheck up to a maximum of $130.00 per month.

☐ **Qualified Parking**: I authorize my Employer to deduct $_____ /per pay for a total of $_____ per month for a Parking Account on a pre-tax basis from my paycheck up to a maximum of $250.00 per month.

Elections Can Only Be Changed for Future Months

I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Election Form/Compensation Reduction Agreement prior to the first day of the next monthly period.

Debit Card Certification: I understand that I will be issued a debit card to access benefits from these accounts. I agree only to use the card for Code § 132(f) expenses. I agree to not to use the card for any expenses that have already been reimbursed or for which I intend to apply for reimbursement under another plan. I will acquire and retain all necessary documentation as required by the Plan for any expenses paid by the debit card. I understand that I may be required to submit additional documentation to Diversified Administration Corporation, our Section 132 Transportation Fringe Benefits Administrator, if needed, to further substantiate these claims. I also acknowledge that this certification is reaffirmed each time I use the card. Finally, I agree to reimburse the Plan for any electronic payment made that is not a qualified expense under the Plan.

Additional Terms

I agree that my Compensation will be reduced by the amount of my required contribution for the Transportation Benefits I have elected under the Plan, and that such Compensation Reductions will continue for each pay period until this Agreement is amended or terminated. Also, I understand that:

- Compensation reductions under this Agreement reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes.
- Amounts remaining in my Transportation Account after reimbursing my Transportation Expenses will be carried over to reimburse me for Transportation Expenses in a subsequent month. However, if I cease to participate in the Plan (for example, because of termination of employment), amounts remaining in my Transportation Account after reimbursing my Transportation Expenses will be forfeited.

I have read and agree to the terms of participation and to any applicable certifications set forth in the Agreement. Any previous election and agreement under the Plan relating to the same Benefits, including any prior Election Form/Salary Reduction Agreement, is hereby revoked.

_____ _____
Employee's Signature ***Date***

Accepted and agreed to:

_____ _____
Plan Administrator's (Employer's) Signature ***Date***