

**THE BLADE
QUALIFIED PARKING SPENDING ACCOUNT
ENROLLMENT FORM**

Instructions: Complete the top portion of the form and the appropriate section to enroll, change the deduction amount or terminate enrollment in the qualified parking spending account. Sign and date the form, retain a copy for your records and forward the completed form to the Payroll Department.

EMPLOYEE INFORMATION

PLEASE PRINT OR TYPE

Name: _____ Department: _____

Social Security #: _____

Home Phone #: _____

ENROLL

I WOULD LIKE TO HAVE A PRE-TAX DEDUCTION OF: \$ _____
TAKEN FROM MY WAGES PER PAY PERIOD (WEEKLY) FOR QUALIFIED PARKING EXPENSES.
EFFECTIVE PAY PERIOD ENDING (for office use only): _____

CHANGE (ONLY ALLOWED DURING OPEN-ENROLLMENT)

I WOULD LIKE TO CHANGE MY WEEKLY DEDUCTION TO: \$ _____
EFFECTIVE PAY PERIOD ENDING (for office use only): _____

TERMINATE

I WOULD LIKE TO TERMINATE MY WEEKLY DEDUCTION (Please Initial): _____
EFFECTIVE PAY PERIOD ENDING (for office use only): _____

I UNDERSTAND THAT MY DEDUCTION AMOUNT WILL REMAIN IN FORCE UNTIL I MAKE A CHANGE OR I NO LONGER HAVE PAYROLL DEDUCTIONS.

I have read and understand the documents regarding this Plan and agree to act according to its provisions. I certify that I will be using the benefit exclusively for parking while in work status. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person.

Employee's Signature: _____

Date: _____