

PARKING CONVERSION OR REIMBURSEMENT PLAN

ENROLLMENT FORM

() CONVERSION OR () REIMBURSEMENT

PLEASE CHECK MARK WHICH PLAN

EMPLOYEE INFORMATION

(Please print or type)

NAME:	<small>Last</small>	<small>First</small>	<small>MI</small>
ADDRESS:	<small>Street</small>	<small>City</small>	<small>State ZIP</small>
COMPANY:			SS#:
PHONE:	()	FAX:	()

Please check if this is a new address.

Date of Hire: _____

Date of Initial Participation of the Plan: _____

Monthly parking Fee: _____

Amount to be deducted **per pay period:** _____

PAY SCHEDULE:

Weekly () Bi-Weekly () Monthly () Semi-Monthly ()

Employee Election

I hereby elect decline to participate in *Parking Plan* agreeing to be bound by all the terms, conditions and limitations of the Plan and any and all separate plans, contracts and documents made a part thereof. I agree to have my gross salary reduced by the amount of the cost of my parking expenses. I understand that this amount will not be subject to Social Security or federal income tax withholding, which may result in a reduction of future Social Security benefits to which I may be entitled.

Signature of Employee

Effective Date

ASSURED BENEFITS ADMINISTRATORS
 4100 RIO BRAVO, SUITE 211
 EL PASO, TX 79902
 (915) 532-2100 EXT 127
 FAX (915) 532-1339