

Qualified Transportation Plan Enrollment, Change, and Termination Form

Company Name	Employee (Last Name, First, Middle Initial)	SSN
Address		Daytime Phone
Indicate the month and year that the information below is effective: Month _____ Year _____		

Transportation Plan (pre-tax)

For 2010, the monthly salary reduction may not exceed a combined \$230 for Mass Transit & Van Pool or \$230 for Qualified Parking. Salary reduction amounts elected for this benefit can be changed each month, prospectively, given a minimum of 7 (seven) working days notice prior to the beginning of the month. Elections cannot be made or changed retroactively. This Benefit is only for employees and does not extend to their dependents.

- Mass Transit & Van Pool Option:** This is the Pre-Tax self-funded account for Transit Passes & Van Pooling expenses up to \$230.00 per month.

I elect to participate for the indicated amount each month: \$ _____

- Qualified Parking Option:** This is the Pre-Tax self-funded account for work related Parking expenses up to \$230.00 per month.

I elect to participate for the indicated amount each month: \$ _____

- Terminate Participation:** Please cease my participation in the plan. I understand that HRnovations, Inc. must receive this form no later than 7 (seven) working days prior to the end of the month for the termination to be effective the first day of the following month.

Employee's Statement

I have received and read printed materials explaining the Qualified Transportation Plan and my options as a participant. I understand that I am making a binding election for one full month and that this election shall carry forward each month until the earlier of the time I change my election for a forthcoming month, or the end of the Plan Year. I authorize HRnovations, Inc. to deduct the amounts indicated above on a pre-tax basis from my paycheck/s.

Date	Signature of Employee
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