American Library Association Transit Form – PA Salary Reduction

Name		N	
(Please print)	Mark	New	
Participation effective date	selection	Change	
Enrollments or Changes must be received by HR before the by January 5 th will be effective February 1 st . Pennsylvania			
Mass Transit & Parking Programs Commonly referred to as a commuter or parking plan, is an a reducing taxable income. By participating in the Transit Ber work. ALA offers this program for Transit or Parking costs pay for parking at a park-and-ride facility, both expenses are \$280/month for the mass transit and \$280/month for participating.	nefit you use pre-taxed dollars to pay for you incur as part of your commute to wo eligible as long as you do not exceed the	the cost of your commut rk. If you use mass trans	te to sit and
Mass Transit Program The Mass Transit Program allows maximum of up to \$280 a pre-tax basis and used in that month of the benefit. Savings		sit expenses to be paid for	or on a
Pennsylvania participants will make contributions to their tra the transit expenses by submitting reimbursement form we month to accounts payable. Participants may receive reimbut they submit a claim for that month. The receipts of amount producted for the month and while the participant is an eligib	with copies of paid receipts for the transcreements up to the total monthly amount baid to transit system must be incurred wi	sit expenses paid for the contributed in the account thin the month the benef	nat int when
If a participant terminates employment, participation in the p with receipts for the period prior to the termination date. Fu			laimed
IRS sets limits allowed to spend in any given month. Your sreimbursement. Expenses submitted through this benefit can			
*Please note that IRS regulations do not permit reimburseme was incurred.	ents for expenses older than 180 days from	m the time at which the e	expense
(initial) To cancel or change participation notify HR <u>I</u>	oy the 6th of the month for the following	g month's benefit.	
(\$10 minin	num and \$280 maximum)		
Effective date start:	Mass Transit Sys		
Monthly Amount Want \$ (will be deducted from payroll in month of benefit)	D#		
(initial) I understand that I will need to submit receipts (initial) I understand that in compliance with IRS rule the last month cannot be refunded.			ticipation
(initial) To cancel or change participation notify HR <u>I</u>	by the 6th of the month according to th	e schedule above.	
Signature	Date		