

American Library Association

Transit Form - IL Salary Reduction

Name _____
(Please print)

Participation effective date _____

Mark selection		New *	RTA MC
		Change \$	
		Cancel	
		New *	VENTRA
		Change \$	
		Cancel	

* see requirements below

Enrollments, Changes or Cancellations must be received by HR **before the 6th of the month** to take effect the following month, e.g. form submitted by January 6th will be effective February 1st.

Mass Transit & Parking Programs

Commonly referred to as a commuter or parking plan, is an IRS regulated program that offers employees the opportunity to save by reducing taxable income. By participating in the Transit Benefit you use pre-taxed dollars to pay for the cost of your commute to work. ALA offers this program for Transit or Parking costs you incur as part of your commute to work. If you use mass transit, and pay for parking at a park-and-ride facility, both expenses are eligible as long as you do not exceed the limits. **Maximums are \$280/month for mass transit and \$280 for park-and-ride.**

Mass Transit Program

The Mass Transit Program allows maximum of up to **\$280 a month for commuter**-related mass transit expenses to be paid for on a pre-tax basis and used in that month of the benefit. Savings comes from pretax deduction advantage.

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(\$10 minimum and \$280 maximum)

RTA Prepaid MasterCard	Ventra Card – check an option below
<p>Monthly Amount</p> <p>\$ _____ (up to \$280)</p> <p>(will be deducted from payroll in month of benefit)</p>	<p>Monthly Amount</p> <p>__ \$10 __ \$30 __ \$50 __ \$60</p> <p>__ \$80 __ \$ 105 (30-day unlimited ride pass)</p> <p>__ PACE Premium 30-Day Pass \$140 (Express Route riders)</p>
<p>* Requires: Date of Birth: __/__/____ and</p> <p>Card Delivery address: <input type="checkbox"/>Home <input type="checkbox"/>Work</p> <p>Last four digits of home phone #: ____</p> <p>email _____</p>	<p>* Requires 12 digit Ventra transit</p> <p>id # 11 _____</p> <p>(log into online account, NOT # ON FACE OF CARD)</p> <p>email _____</p>

____ (initial) I understand that in compliance with IRS rules: unused pre-tax balance remaining on the card at the end of participation the last month **cannot be refunded and are forfeit.**

____ (initial) To cancel or change participation notify HR **by the 6th of the month** for the following month's benefit.

Signature _____

Date _____