

Transit One® Program

Salary Reduction Agreement

EMPLOYER: _____

GROUP NUMBER: _____

PLAN YEAR: / / - / /

Social Security Number: _____

If new employee, indicate eligibility date: _____

Name: (Last) _____

(First) _____ (MI) _____

Address: _____

City: _____ State: _____ ZIP: _____

Payroll Mode: () Weekly () Biweekly () Semimonthly () Monthly Date of first deduction: _____

I hereby enroll in my employer's pre-tax transportation plan and elect to have my salary reduced (as noted below) to fund qualified transportation benefits. I understand that an amount equal to the total amount of my election will be withheld from my salary, thereby reducing my compensation by the amount of salary reduction I elect. This election will continue for each pay period until this agreement is amended or terminated for a future coverage period. In addition, I understand that pre-tax contributions reduce my compensation for Social Security tax purposes, and that my Social Security benefits therefore may be decreased. I elect to receive the amount listed below for qualified transportation expenses. Any previous election and Salary Reduction Agreement under the transportation plan is hereby revoked. My employer's deduction of contribution amounts hereunder shall evidence acceptance of this agreement.

Check one of the following and complete the election below: New Election Re-enrollment Change in Election*

Parking Expenses: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____
(not to exceed amount specified by regulations)

Mass Transit Expenses: (\$ _____ per pay period) x (_____ number of deductions) = \$ _____
(not to exceed amount specified by regulations)

I understand and agree that (initial all):

INITIAL My election of benefits under the transportation plan can only be changed as of the beginning of the next coverage period in accordance with the employer's plan document and that any election change will not be effective until the first paycheck in the coverage period after the change is processed by my employer.

INITIAL Elections under the transportation plan reduce my taxable compensation for Social Security tax purposes. This may result in a corresponding reduction in Social Security benefits.

INITIAL A copy of the Summary Plan Description, which describes the operational guidelines and reimbursement procedures for use hereunder, has been provided to me by my employer/plan administrator. I understand that the plan document will control notwithstanding any contrary oral representation by any person. I understand that reimbursement will be available only for eligible expenses, and I agree to notify my employer if I receive reimbursement for an expense that does not qualify.

INITIAL In addition to and without limiting in any way any rights my employer, the plan, Aflac and their respective agents, employees, subcontractors, and assigns may have under applicable state or federal law or regulation, I hereby specifically authorize those parties to use my personal information (including but not limited to benefit elections, wages, employment status, and transit benefit information) to the extent they deem reasonably necessary to administer the plan (including evaluating and processing requests for payment of claims). I further authorize my employer, the plan, Aflac, and their respective agents, employees, subcontractors, and assigns to further disclose any such personal information in any manner deemed necessary in furtherance of such purpose. I hereby waive and release any claims related to the use, disclosure, or release of such information so long as the information is used in furtherance of plan administration.

Waiver of Pre-Tax Benefits Under the Transportation Plan:

INITIAL I certify that the features and benefits under the transportation plan have been explained to me completely.
I elect to waive all pre-tax benefits under the plan.

Signatures:

Employee Signature: _____ Date: _____

Employee Signature: _____ Date: _____

*Employer signature required for mid-year changes.

Aflac Benefit Services • Transit One® • A service of American Family Life Assurance Company of Columbus (Aflac)
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