

Commuter Benefits Program

TRANSIT ENROLLMENT FORM

Internet enrollment is the quickest and easiest way to enroll. Go to www.myFBMC.com to log onto the enrollment site. If you are unable to enroll via internet, you may complete this enrollment form and return to your payroll/office for eligibility validation.

TO ENROLL: Complete the section below with your personal information then select either *Option 1: Transit Selection* or *Option 2: Transit Expense Reimbursement (PAY ME BACK)*.

Social Security Number									

Month	Day	Year							
Date of Birth (00/00/00)									

Employer (Please include the Name of the State Agency/U.W. Campus)

Last Name

First Name

Home Address

City

State

Zip Code

Ship To Address (Enter if different from home address)

City

State

Zip Code

Daytime Phone Number (Required)

E-mail Address

OPTION 1: TRANSIT SELECTION - STATE OF WISCONSIN

Please indicate the number of passes and the frequency by which you would like to purchase using pre-tax dollars. Passes will be sent automatically to your 'Ship to Address' above.

Enter the Transit Operator and Pass information below. Check with your preferred transit company for fare information.

Transit Operator	Pass Description	Cost	Quantity	<input type="checkbox"/> Every month <input type="checkbox"/> This month

OPTION 2: TRANSIT EXPENSE REIMBURSEMENT (PAY ME BACK)

Enter the amount you plan to spend on transit expenses. Check EVERY MONTH or THIS MONTH. To be reimbursed for expenses incurred, simply send your receipts to FBMC with a Reimbursement Claim form, available from Customer Service at 1-800-342-8017 or from www.myFBMC.com. You may also request reimbursement via the internet by logging on the www.myFBMC.com.

Cost

Every month
 This month

- All elections must be received and processed by FBMC by the 10th of each month to be effective by the 1st day of the next month.
- Transit passes will be mailed to you by the last day of the month before the month in which you can use the pass.
- If you need to change your order, you may go online at www.myFBMC.com or complete and submit this enrollment form with your changes.
- Submit enrollment forms to your payroll/benefits office for eligibility validation.
- Please make a copy of this form for future reference.
- If you have any questions, call Customer Service at 1-800-342-8017 or E-mail webcustomerservice@fbmc-benefits.com.

Your signature below indicates that you have read and agree to the User Agreement on the reverse side of this form.

Signature

Date

PLEASE RETURN THIS FORM TO YOUR PAYROLL/BENEFITS OFFICE.

					PAYROLL/BENEFITS OFFICE ONLY		
					Received Date	Agency Code	Payroll Officer Initials
DATA ENTRY	VERIFICATION	SCANNED	INDEXED	SPECIAL NOTES			

**Commuter Benefit Program Election Form
And Compensation Reduction User Agreement**

I understand that I may elect coverage under the Plan to pay for the cost of Commuter Benefits with pre-tax dollars.

Election of Pre-Tax Benefits Under The Commuter Benefits Program

By signing this enrollment form, I elect to receive pre-tax benefits under the Commuter Benefits Program.

I understand that by electing coverage, an amount equal to the cost of my monthly transportation expenses will be deducted from my compensation on a pre-tax basis. Such compensation reduction will continue for each month until this Agreement is amended or terminated. Any previous election and Agreement under the Plan relating to the same Benefits, including any prior Election Form/Compensation Reduction Agreement, is hereby revoked.

I agree that the Commuter Benefits elected are for expenses incurred for parking on or near my worksite or on or near a location from which I commute by carpool; or for expenses related to the use of a commuter highway vehicle, mass transit, or transportation provided by any person in the business of transporting persons for compensation or hire, if such transportation is in a commuter highway vehicle.

I understand that compensation reductions under this agreement will reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes.

I have read and agree to the terms of participation set forth in this agreement. I hereby certify that I will use the Commuter Benefits elected on the reverse only for purposes of commuting to and from work at my employer.