

Asynchrony Commuter Choice Benefits Plan

TRANSIT ENROLLMENT FORM

Complete this enrollment form and return to Asynchrony Solutions human Resources for eligibility validation.
TO ENROLL: Complete the section below with your personal information.

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Social Security Number

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Month

Day

Year

Date of Birth (00/00/00)

Employer

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

TRANSIT SELECTION

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	Monthly Cost	
Metro Transit	Metro Monthly Pass	\$72.00		\$72.00	® Every month ® This month
Metro Transit	Metro Two-Hour Pass (Book of 10) (The first \$120/month is pre-tax)	\$27.50			® Every month ® This month
	Parking Expenses (The first \$230/month is pre-tax)				® Every month ® This month
	Bicycle Expense	\$20.00		\$20.00	® Every month ® This month

All elections must be received and processed by Asynchrony Solutions Human Resources by the 10th day 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 do so by completing and submitting this enrollment form with your changes. Submit enrollment forms to Asynchrony Solutions Human Resources for eligibility validation.

Please make a copy of this form for future reference.

If you have any questions, call Asynchrony Solutions Human Resources at 314-678-2240 or E-mail helpdesk@asolutions.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 HUMAN RESOURCE OFFICE.

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

**Asynchrony Commuter Choice Benefit Plan 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 Asynchrony Commuter Choice Benefits Plan

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

Signature

Date