



REIMBURSEMENT ACCOUNTS ELECTION AND COMPENSATION REDUCTION AGREEMENT PARKING AND TRANSPORTATION

University of Tennessee • Payroll Office
P115 Andy Holt Tower • Knoxville, Tennessee 37996 • (865) 974-5251 • Fax: (865) 974-3530
<http://flexiblebenefits.tennessee.edu>

Monthly

Biweekly

Name: Last	First	MI	Employee ID
Responsible Account	Office Phone	Employment Date	Effective Date

REIMBURSEMENT ACCOUNT ENROLLMENT

Indicate the amount you wish to contribute to a reimbursement account through tax-free salary reduction by completing the sections below. If you have questions, call the UWA payroll office at (865) 974-5251

PARKING AND TRANSPORTATION REIMBURSEMENT ACCOUNT

Enroll	Change Deduction Amount	Stop Account	Annual Amount	Pay Period Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	Parking Contribution – Indicate the amount you wish to contribute. Limited to 230.00 per month		\$ _____	\$ _____
<input type="checkbox"/>	Transportation Contribution – Indicate the amount you wish to contribute. Limited to 120.00 per month		\$ _____	\$ _____

AUTHORIZATION

- Parking and Transportation Accounts do not have an annual enrollment period. I understand the amount selected will remain in effect until I either change the elected amount or notify the Payroll Office to terminate my account.**
- I hereby authorize my employer to reduce my gross salary before federal, state and social security taxes are calculated by the total amount of annual salary reduction indicated above. I understand that the amount of salary reduction will include the items specified above and will continue in effect for the remainder of the year unless I file a change in deduction.**
- I understand that on June 30, any remaining balance from the previous year will automatically roll into an active account of the same type. If there is not a current account, remaining balances from the previous year will be forfeited.**
- I understand and agree that the university will not incur any liability resulting from either my participation in or my failure to accurately complete this enrollment application**

Employee Signature	Date