



Commuter Benefits Notice

Commuter benefit programs allow employees to use pre-tax dollars to assist in paying for the regular costs associated with their everyday commute. The company utilizes P&A Group to administer commuter benefits.

Should you choose to enroll, deductions will come out of your paycheck on the first pay date of every month. Deductions will apply to the following month's commuter benefits and will be applied to your transit card monthly. For example, your January deductions will be loaded to your P&A card in February.

If your net pay does not cover your deduction, you will not have a deposit into your transit account for the upcoming month.

P&A cards will be mailed to your home address. Please ensure your address is correct on your paystub.

Access to your commuter benefits account and any remaining funds end upon your termination.

For questions regarding this program, please contact the Benefits Department at 800-5-LANDRY, option 5 then option 4, or at hrbenefits@ldry.com.

Please Check One:

- ☐ I elect to enroll in the pre-tax commuter benefit (you must also complete the attached enrollment form)
- ☐ I decline enrollment in the pre-tax commuter benefit
- ☐ I would like to cancel my enrollment in the pre-tax commuter benefit

Print Name

Signature

Location

Date



Parking/Transportation Account Enrollment/Change Form

Employer Name:				
Last Name		First Name:		M.I.
Street Address		City	State	Zip Code
Home Phone Number ()	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Soc. Sec. No. (Must be provided)	
Payroll Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____				
Date of first payroll withheld: Month _____ Day _____ Year _____				

The Parking/Transit Expense Reimbursement Account offers you the advantage of using pre-tax dollars on your work-related parking and transit expenses. Deducting this unreimbursed expense from your salary on a pre-tax basis generates more spendable income.

- ☐ **I elect** to participate in my employer's Parking/Transit Expense Reimbursement Plan and have my work-site parking/transportation expenses withdrawn from my paycheck on a pre-tax basis. I have entered my monthly election amount in the box provided below. I understand that noted election will continue to apply for the duration of the current plan year unless I experience a certain change in status.

Account Type <small>(Note: Not all accounts may apply to your company)</small>	Pre-Tax Election Amount	Total Monthly Amount	New or Change? <small>(Changes must accompany change report from employer)</small>
Transit	_____ Monthly (Maximum \$325 Monthly)	_____	<input type="radio"/> New <input type="radio"/> Change
Parking	_____ Monthly (Maximum \$325 Monthly)	_____	<input type="radio"/> New <input type="radio"/> Change

*** Minimum reimbursement amount for manual check and direct deposit is \$25**

Please note: For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claims reimbursement will be made only for expenses incurred on or after the signature date. Access to your current commuter benefits account and any remaining funds are no longer accessible after your termination date.

AUTHORIZATION

I hereby elect the benefits indicated above. I have read and understand the enrollment materials and I authorize my employer to adjust my pay as required by my election.

SIGNATURE OF PARTICIPANT _____ **DATE** _____