

## Marion County Commuter Expense Reimbursement Accounts (CERA) Participation Agreement

Tarticipation Agreement							
larion County		Plan Year					
REGON		Effective Date					
Last Name Phone Number		First Name  Department	Middle Initial Emp. Number				
Choose One:  If terminating  Last da		ion County Parking at: (Mark One)  Marion County Courthouse Square Parking  Marion County Courthouse Parking  Ticor Building Parking	\$27.50 Twice-Monthl Deduction				
deducted I also undo 1. 2. 3. 4.	for my CERSA. erstand the following:  The CERA program offered thrand any future changes to tax Salary reduction amount will r Social Security benefit upon r The official Plan Document leg Marion County and Profession program  This agreement will stay in effort to the able to participate in the	ot be subject to Social Security (FICA) to	nt government regulations ax and may reduce my cancel or modify the CERA aty or me. If I revoke it, I will				
7.	Marion County reserves the rig	that to amend or terminate this Plan at a agreements I may have regarding tax-f	ny time				

I have read and understand the above agreement. I have read the materials regarding Commuter Expense Reimbursement Account Program and understand the limitations and risks as they apply to me. I hereby authorize Marion County to make the requested deductions from my pay twice-monthly.

9. If I do not use all the funds in my account during the current plan year and elect not to

participate in the next plan year, I will forfeit any account balance

Marion County's CERA Parking is administered by Marion County

Employee Signature	Emp. Number	Date	