Enrollment/Change Form

☐ **Enrollment** ☐ **Change**

Personal Information:

Name: _____ Employee ID #: _____

Employer: _____ Day Telephone: _____

Address: _____
Street City State Zip

Instructions: Complete Sections A and/or B and then sign the certification under Section C. You may choose to make elections under both A and B if they are both applicable to your commute to work. The maximum monthly pre-tax deduction you may make, if you take full advantage of both Sections A and B, is $510*.

Section A: Parking

The IRS allows up to a maximum of $260* monthly to be deducted from your salary on a pre-tax basis for your work-related parking expenses.	Employer Sponsored	Non-Employer Sponsored
Monthly pre-tax payroll deduction (not to exceed $260*):	$_____	$_____

Section B: Public Transportation

The IRS allows up to a maximum of $260* monthly to be deducted from your salary on a pre-tax basis for your use of public transportation to commute to work. You may only declare the actual cost of riding on public transportation. (Do not include any costs for driving to a train or bus station or commuter parking lot.)

Monthly pre-tax payroll deduction (not to exceed $260*): $_____

Section C: Certification/Authorization

I understand that I must submit the McClatchy Pre-Tax Parking/Transportation Claim Form accompanied by the applicable receipts to PayFlex to be reimbursed for non-employer sponsored parking and/or public transportation costs if I am not using my *PayFlex Card*. I understand and certify that all parking and public transportation expenses being claimed under this program must be and are as a result of my commute to work. I understand that I may make changes to my pre-tax parking/public transportation deductions for the following participation period only on or before the 10th business day prior to the first day of the affected month.

I authorize The McClatchy Company to withhold the amounts listed in Sections A and/or B from my salary on a pre-tax basis to cover or contribute towards my transportation costs of my commute to work. I understand my enrollment will automatically renew each month until revoked in writing. If my employer sponsored parking fees increase during this or subsequent years, I authorize my employer to adjust my salary reductions to cover my revised share of the premium, subject to IRS maximum monthly limitations. All authorized deductions will be deducted in relatively equal amounts from all applicable pay periods.

I understand that any unclaimed amounts will be forfeited after six months if I do not submit claims and do not contribute to my account during that period. I also understand that, if I sever employment with The McClatchy Company for any reason, any unclaimed amounts remaining in my account will be forfeited if I have not submitted reimbursable claims by March 1st of the year following my termination. I acknowledge that by participating in this plan, my Social Security and unemployment benefits may be reduced by my election. This election replaces any previous election(s).

Employee's Signature: _____ Date: _____

* 2018 IRS limits allow up to $260 per month for parking and $260 per month for public transportation ($510 total). This amount may change in subsequent years in accordance with IRS regulations.