

**COUNTY OF VENTURA
TRANSPORTATION BENEFIT REIMBURSEMENT PROGRAM**

ACKNOWLEDGEMENT

I hereby acknowledge that I have read the plan description and understand:

1. Terms and conditions as outlined in the plan document of the above named program.
2. Pre-tax deductions are not refundable and can only be used for reimbursement of qualified transit expenses. Any amount remaining in an account after termination of employment or participation shall be forfeited.
3. On a quarterly basis, I can increase, decrease, suspend or reinstate my contribution amount, subject to completing and submitting a “Payroll Deduction Authorization / Cancellation” form to HR-benefits at least 30 days in advance of the effective date.
4. I understand that it may take up to 30 days to be reimbursed after claims are submitted for payment. Cash purchases without receipts are not reimbursable under this program. Receipts dated beyond 180 days are not reimbursable.

Employee Signature _____ Date _____

PRINT NAME _____ ID# _____