

**TRANSPORTATION FRINGE BENEFIT PLAN
PLAN INFORMATION SHEET**

Employer Name	Willamette University
Employer Address	900 State Street Salem, OR 97301
Payroll Contact	Linda Gerlits
Employer Federal ID Number	93-0386972
Plan Number	
Plan Administrator	Keith A. Grimm, Director of Employee Services

PLAN YEAR of this Plan is:	8/1/05	Through	7/31/06
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ELIGIBILITY: You will be eligible to participate in the Plan if you are a regular full- or part-time employee of Willamette University.

The following employees or classes of employees are excluded from participation in the Plan: N/A

ENTRY DATE: If you become eligible after the effective date of the Plan, your Entry Date into the Plan is your date of hire or the date you have otherwise become eligible.

BENEFIT PROGRAMS: The following programs are offered under the Plan:

A. Commuter Highway Vehicle Benefit.

Not Available

B. Transit Passes.

Not Available

C. Qualified Parking.

Qualified Parking will be provided directly by the employer.

Maximum Monthly Salary Reduction:	\$200
Period of Coverage:	One (1) Year
Enrollment Period	As announced by employer prior to each plan year.

MAXIMUM MONTHLY SALARY REDUCTION for all plan benefits is \$105 per month.

RUN OUT PERIOD is not applicable to this benefit as it is a direct reimbursement program.

NO DEEMED ELECTIONS:

Employees must affirmatively elect to participate in the Plan during the Enrollment Period for each Period of Coverage or they will be treated as if they elected not to participate in the Plan for that

Period of Coverage.

ELECTION CHANGES:

Employees may change their elections during the Enrollment Periods of the benefit to which the election relates.

TREATMENT OF FORFEITURES: Pursuant to Section II.G. of the Adoption Agreement.

If a Participant terminates employment and becomes re-employed by the Employer, no unused salary reductions that were forfeited to the Plan are returned to the Participant for his or her future use.

EFFECTIVE DATE OF THIS PLAN INFORMATION SHEET: **8/1/05**