

Commuter Benefits Account Enrollment Form



This form is designed to be completed by using your computer and tabbing through the designated fields. If completing a printed copy by hand, please use black or blue ink, print clearly and only in the spaces provided.

Social Security Number _____

First Name _____ M.I. _____ Last Name _____

Address _____

City, State, ZIP _____

Hire Date: _____

Email _____

DATE TO BEGIN CONTRIBUTIONS - -
MM DD YY

NOTE: Elections must be effective the first day of the calendar month.

PRE-TAX

	CONTRIBUTION PER MONTH	DIVIDED BY # OF PAY PERIODS PER MONTH	CONTRIBUTION PER PAY PERIOD
PARKING \$	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	÷ <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
TRANSIT \$	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	÷ <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

POST-TAX*

	CONTRIBUTION PER MONTH	DIVIDED BY # OF PAY PERIODS PER MONTH	CONTRIBUTION PER PAY PERIOD
PARKING \$	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	÷ <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
TRANSIT \$	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	÷ <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

*If applicable to your commuter plan.

Please select your enrollment option below, sign and date your form and submit to your benefit services department:

- I elect to participate in my employer's Commuter Benefits Plan as specified above and agree to be bound by the terms of my employer's plan. I understand that pre-tax deductions will be withheld from each pay period.
- I decline enrollment in my employer's Commuter Benefits Plan.

Employee Signature _____

Date _____

Employer Section: ADP Client ID _____ Employee ADP Company Code _____ Effective Date of Employee Election _____