



ENROLLMENT FORM
Transit Expense Account Parking and
Bus Pass/Vanpool

Plan Year:
SS#: Date of Birth:
First Name: MI: Last Name:
Home Address:
City: State: Zip:
Daytime Phone: ( ) Date of Hire:
Email:

TRANSIT EXPENSE ACCOUNT – PARKING

ANNUAL ELECTION:

I authorize my Employer to deduct \$ for the year from my payroll, in equal amounts, to be placed in my Transit Expense Account – Parking. This amount, combined with payroll deducted parking expenses, may not exceed \$3,120/year.

MONTHLY ELECTION:

I authorize my Employer to deduct \$ for each of months from my payroll, in equal amounts, to be placed in my Transit Expense Account – Parking. This amount, combined with payroll deducted parking expenses, may not exceed \$260/month.

TRANSIT EXPENSE ACCOUNT – BUS PASS/VANPOOL

ANNUAL ELECTION:

I authorize my Employer to deduct \$ per year from my payroll, in equal amounts, to be placed in my Transit Expense Account – Bus Pass/Vanpool. This amount, combined with payroll deducted bus pass/vanpool expenses, may not exceed \$3,120/year.

MONTHLY ELECTION:

I authorize my Employer to deduct \$ for each of months from my payroll, in equal amounts, to be placed in my Transit Expense Account – Bus Pass/Vanpool. This amount, combined with payroll deducted bus pass/vanpool expenses, may not exceed \$260/month.

I authorize my Employer to make the above deductions from my paycheck on a pre-tax basis. I understand that I will be able to request reimbursement for these withheld monies when I incur or pay eligible expenses during the plan year in accordance with the plan documents.

Employee Signature: Date:

Return Completed Form to your Human Resources Department