



## Parking/Transportation Account Enrollment/Change Form

|   |               |   |   |
|---|---------------|---|---|
| Employer Name:  |               |   |   |
| Last Name   |               | First Name:   |   |
| Street Address  |               | City  | State Zip Code                          |
| Home Phone Number<br>( )  | Date of Birth | <input type="checkbox"/> Male <input type="checkbox"/> Female | Soc. Sec. No. <b>(Must be provided)</b> |
| Payroll Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____<br>Date of first payroll withheld: Month _____ Day _____ Year _____ |               |   |   |

The Parking/Transit Expense Reimbursement Account offers you the advantage of using pre-tax dollars on your work-related parking and transit expenses. Deducting this unreimbursed expense from your salary on a pre-tax basis generates more spendable income.

- I elect to participate in my employer's Parking/Transit Expense Reimbursement Plan and have my work-site parking/transportation expenses withdrawn from my paycheck on a pre-tax basis. I have entered my monthly election amount in the box provided below. I understand that noted election will continue to apply for the duration of the current plan year unless I experience a certain change in status.

| Account Type<br><small>(Note: Not all accounts may apply to your company)</small> | Pre-Tax Election Amount                  | Total Monthly Amount | New or Change?<br><small>(Changes must accompany change report from employer)</small> |
|---|--|----------------------|---|
| <b>Transit</b>  | _____ Monthly<br>(Maximum \$315 Monthly) | _____                | <input type="radio"/> New<br><input type="radio"/> Change                             |
| <b>Parking</b>  | _____ Monthly<br>(Maximum \$315 Monthly) | _____                | <input type="radio"/> New<br><input type="radio"/> Change                             |

**\* Minimum reimbursement amount for manual check and direct deposit is \$25**

**Please note:** For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claims reimbursement will be made only for expenses incurred on or after the signature date.

**AUTHORIZATION**

I hereby elect the benefits indicated above. I have read and understand the enrollment materials and I authorize my employer to adjust my pay as required by my election.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_