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Commuter Election & Change Form

Transit and Parking

Date: _____

Fax- # of Pages: _____

Personal Information (*Required)

Company Name: _____

Employee Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ E-mail Address: _____

Date of Hire: _____

Enter Deductions Per Pay Period

		Pre-Tax Amount Per Pay Period	Contribution Frequency	Monthly Amount	First Payroll Date Affected
Transit Account	$ _____ Annual election	$ _____	_____	_____	_____
Parking Reimbursement Account	$ _____ Annual election	$ _____	_____	_____	_____

*You can update your elections any time if you have a change in status that would alter your commuter needs (i.e. parking rate increase/ decrease, etc.)

***Pay Period Frequency: W = Weekly; B = Biweekly; S = Semi-monthly; M = Monthly**

Acknowledgement and Signature

☐ I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax column above for qualified transit and parking expenses.

Employee Signature: _____ Date: _____

OR

☐ I elect **NOT** to participate in any portion of the FlexCOMMUTER plan and do not authorize the company to deduct from paychecks as contribution to this program.

Employee Signature: _____ Date: _____

Status Change

Completed by Employer

Please indicate one of the following options below:

☐ **New Election** **Effective Date of Election** _____

☐ **Change Current Monthly Election** **Effective Date of Change** _____

Employer Signature: _____

Date: _____

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