

Commuter and Transit Benefits Enrollment Sheet

Please complete this form to enroll in, change, or cancel your pre-tax commuter and transit benefits. Once completed, print this form and submit it to the Human Resources department.

Employee Information

Full Name: Employee ID:
Department: Email Address:
Phone Number: Effective Date:

Benefit Elections

Enter the monthly pre-tax deduction amount you wish to contribute for each benefit category (subject to IRS statutory limits).

Benefit Type	Monthly Deduction Amount (\$)	Action (Enroll / Change / Cancel)
Public Transit (Bus, Subway, Ferry, Commuter Rail)	<input type="text" value="\$0.00"/>	<input type="text" value="New/Change/Cancel"/>
Qualified Parking (Parking at or near work/transit station)	<input type="text" value="\$0.00"/>	<input type="text" value="New/Change/Cancel"/>

Authorization and Signatures

By signing below, I authorize my employer to deduct the designated amounts above from my pay on a pre-tax basis. I understand that these funds are to be used solely for my qualified commuting expenses. I also understand that I am responsible for monitoring IRS limits and that unused funds may be subject to forfeiture depending on plan guidelines.

Employee Signature: Date:
HR Representative Signature: Date Received: