

## Parking/Transit Account Enrollment Form

## **Step 1: Participant Information**

*=Required Fields									
*Employer Name (Do not abbreviate)			*Department						
T articipant Name (Firs		Coolai Coolaily (Mainboi							
*Participant Mailing Ad	dross		Email Addros	es (If provide	nd all no	tification	oc will h	e sent via ema	sil\
Faiticipant Maining Ad	uless		Linali Addres	ss (II provide	aii 110	lincation	15 WIII L	e seni via ema	ali <i>)</i>
*City			*State	*Zip					
*City			State	Zip					
Day Talanhan	-	*Diath Data (assa)	-1-1/		*1.15	- D-1- (	/ -l -l	t \	
Day Telephone *Birth Date (r			m/dd/yyyy) *Hire Date (mm/dd/yyyy)						
Step 2: Election									
Step 2. Election	/I I								
	Account Type								
	Parking Account		Monthly (\$270 Maximum)						
	Transit Account		Monthly (\$270 Maximum)						
	Minimum Rei	imbursement amo	unt for manua	I check is \$2					
Stop 3: Author	rization or Refusal								
-									
form) and I authorize my e year, except under the limit	indicated above. I have read and understa imployer to adjust my pay as required by m ited circumstances that are described in de ing in my account(s) not used for eligible exp	ny election. I understa etail in the SPD that I	and that this elect have received f	ction is binding rom my emplo	g and canr oyer (i.e. m	not be re narriage,	voked o	r modified until th birth). I further u	ne next plan Inderstand
SIGNATURE OF PAR	DATE								
SIGNATURE OF TAK	TION ART					DAIL			
Step 4: Employ	yer Authorization								
* Benefit Effective Date	<del></del>	*D:	ate of first pay	roll withholdi	ing				
□ Weekly	□ Semi-Monthly □	Bi-Weekly	□ Month			er			
*Payroll Cycle									
	LOVER				Б.	ATE			
SIGNATURE OF EMP	LUIER				D	ATE			