

EMPLOYEE ENROLLMENT FORM - COMMUTER BENEFITS

Employer Name: Chabot-Las Positas Community College District

Employee Information:

<hr/>		
Last Name	First Name	
<hr/>		
Home Address - Street		
<hr/>		
City	State	Zip Code
<hr/>		
Social Security Number	Date of Birth	
<hr/>		
Email Address: _____		
<hr/>		
Work Phone Number	Home Phone Number	
<hr/>		
<input type="checkbox"/> Check here for address change		

Please Complete:

Indicate reason for completing this form.

New Enrollment

Change Contribution Amount

Cancel Participation

Check the appropriate program(s):

Transit

Parking

Transit Enrollment:

Monthly Amount: \$ _____

Parking Enrollment:

Monthly Amount: \$ _____

Your Visa debit card will be loaded with the funds after payroll deductions posted.

The maximum amount for 2018 calendar year for the Transit Program is \$260.00 a month.

The maximum amount for 2018 calendar year for the Parking Program is \$260.00 a month.

Acknowledgement and Authorization:

I authorize my employer to deduct from EACH pay period the required amount on a pre-tax basis.

Employee Signature: _____ **Date:** _____