

**EMPLOYEE ENROLLMENT FORM - COMMUTER BENEFITS**

**Employer Name:** \_\_\_\_\_

**Employee Information:**

_____	_____	
Last Name	First Name	
_____		
Home Address - Street		
_____	_____	_____
City	State	Zip Code
_____	_____	
Social Security Number	Date of Birth	
Email Address: _____		
_____	_____	
Work Phone Number	Home Phone Number	
<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

<p><b>Transit Enrollment:</b></p> <p>Monthly Amount: \$ _____</p> <p><b>Parking Enrollment:</b></p> <p>Monthly Amount: \$ _____</p> <p>The maximum amount for 2022 calendar year for the Transit Program is \$280.00 a month. The maximum amount for 2022 calendar year for the Parking Program is \$280.00 a month.</p> <p><i>Acknowledgement and Authorization:</i></p> <p>I authorize my employer to deduct from EACH pay period the required amount on a pre-tax basis.</p> <p>Employee Signature: _____ Date: _____</p> <p style="text-align: center;"><b>PLEASE CALL WORKTERRA WITH ANY QUESTIONS AT 888.327.2770 OR EMAIL AT <a href="mailto:custserv@workterra.com">custserv@workterra.com</a></b></p>
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