workterra

Commuter
ENROLLMENT FORM

Important: *Please print all information clearly and legibly.*

Employer Name _____ Effective Date of Participation _____

Employee Name (Last, First, MI) _____ SSN _____ Date of Birth _____

Employee Street Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____ Email Address _____

Payroll type (Choose one): _____
W=weekly, B=Bi-weekly, S=Semi-monthly, M=Monthly

Number of payroll deductions remaining: _____
(If enrolling mid-year, how many payroll periods remain.)

I hereby agree that my cash compensation (salary) will be reduced by the amounts set forth below for each pay period during the Plan Year (or during such portion of the year as remains after the date of this agreement). Such reductions, considered as Elective Contributions under the Plan shall commence with my paycheck dated _____ / _____ / ____.

Transit Election

Monthly Amount: $_____

Parking Election

Monthly Amount: $_____

Acknowledgement and Authorization: I certify the above information to be correct and true. I authorize my employer to deduct from EACH pay period the required amount on a pre-tax basis.

Employee Signature _____ **Date**_____