
Employer Name

Commuter Reimbursement Plan Enrollment Form

Employee Name: _____
Last Name First Name M.I.

Social Security Number: --

Address: _____
Street City State Zip

Email: _____

I authorize _____ to deduct from my pay, on a tax-exempt basis, the following amount per month, allowing me to participate in the sponsored Commuter Reimbursement Plan

Amount to Deduct – Vanpool or Commuter Pass (Max. \$265/month) \$ _____

Amount to Deduct – Parking (Max. \$265/month) \$ _____

Employee Signature: _____

Date: _____

INSTRUCTION: Please submit your completed enrollment form to Human Resources (HR)
QUESTIONS? Contact your Benefits Administrator or Human Resources for more information