



TRANSIT ENROLLMENT FORM

Employee Last Name:	First Name:	SSN (Last 4 digits only) XXX - XX -	
Home Address:			Apt#
City:		State:	Zip:
Email Address:			
Employer Name:			
Worksite Address:			

ELECTION OF QUALIFIED TRANSPORTATION BENEFIT

Please elect the following qualified transportation benefits below. Mass transit includes any public transit including subway and buses, suburban buses, van pools and ferry services for the purposes of getting back and forth to the office. Private car pools, mileage, tolls, etc. are not covered transit expenses.

Mass Transit

- I authorize my Employer to deduct \$_____per pay (up to \$255.00 per month maximum) on a pre-tax basis from my paycheck**

Note that Mass Transit contributions will only be withheld from the first two paychecks of each month

I agree that any unclaimed amount deducted from my paychecks under the Transit Reimbursement Program will be forfeited. I hereby certify that I have elected the above Qualified Transportation Benefit, and will use that Benefit only for purposes of commuting to and from work at the Employer.

Your Signature

Date

Please return to your Human Resource Department.

FOR EMPLOYER USE ONLY—Must be completed or enrollment will not be processed.

Employee Pay Cycle: Weekly Bi-Weekly Semi-Monthly Monthly

Participant Effective Date: ____/____/____

Salary Reduction will begin: ____/____/____

Pay Cycle Deduction Amount: \$_____

Employer Representative Signature and Title

Date

*NOTE: Partners, sole proprietors, owners of a LLC and 2% or more owners of a sub chapter S corporation are not permitted to participate in a Transit Reimbursement Account.

973-995-1000 • Toll free: 1-866-693-7254