



**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.
<input type="checkbox"/> New Enrollment
<input type="checkbox"/> Change Contribution Amount
<input type="checkbox"/> Cancel Participation
<b><u>Check the appropriate program(s):</u></b>
<input type="checkbox"/> Transit
<input type="checkbox"/> Parking

**Transit Enrollment:**

Monthly Amount: \$ \_\_\_\_\_

**Parking Enrollment:**

Monthly Amount: \$ \_\_\_\_\_

**The maximum amount for 2023 calendar year for the Transit Program is \$300.00 a month.**

**The maximum amount for 2023 calendar year for the Parking Program is \$300.00 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:** \_\_\_\_\_

**PLEASE CALL WORKTERRA WITH ANY QUESTIONS AT 888.327.2770 OR  
EMAIL AT [custserv@workterra.com](mailto:custserv@workterra.com)**