HRC TOTAL SOLUTIONS
HR•Payroll•FSA•HRA•HSA•Commuter•COBRA

COMMUTER BENEFIT ENROLLMENT FORM

I.   Account Holder Profile Information

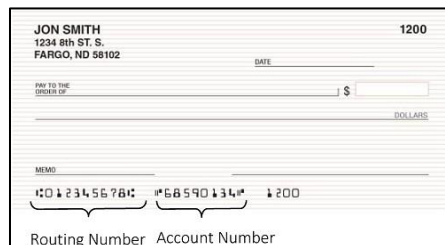|		
First Name:	Last Name:	SSN:
Date of Birth:	Email Address:	
Mailing Address Line 1:		
Mailing Address Line 2:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Employer:		

II.   Election

I authorize my employer to make the following pre-tax deductions from my paycheck according to the elections I have chosen below. I understand that I cannot change my election during the plan year unless I request it in writing and my employer allows it. Expenses must be incurred within the plan year that I'm seeking reimbursement from. If I do not utilize all of the monies set aside in this account, then this amount will roll over to the next plan year. My Social Security benefit may be reduced by this election. I will have 180 days from the date of service or 90 days from end of the plan year to turn in the claim. (Manual claims are not allowed for transit expenses) I understand that this benefit is only to be used for my parking/transit expenses to and from work, and that any expenses for my spouse/dependents are not eligible under these plans.

Benefit Month Effective:	Please Check One: ☐New Enrollment ☐Change of Enrollment ☐Term Enrollment

Number of Payrolls this plan year: ☐48 ☐24 ☐12 ☐Other #_____

Standard Transit Visa Card Election	Employee Monthly Election: $ _____
Standard Parking Visa Card Election	Employee Monthly Election: $ _____

MBTA Charlie Card Program:

☐ Monthly Link Pass	☐ Inner Express Bus	☐ Outer Express Bus	☐ Local Bus

MBTA Charlie Ticket Program:

☐ Commuter Rail Zone Zone #:_____	☐ Commuter Rail Interzone Zone #:_____	☐ Commuter Boat Pass

To see a list of the cost of each MBTA Monthly Pass, please go to http://www.mbta.com/fares

III.   Direct Deposit Setup

Bank Name:	☐ Checking ☐ Savings
Account Number:	
Routing Number:	
Address:	

City:	State:	Zip:

JON SMITH   1200
1234 8th ST. S.
FARGO, ND 58102   DATE
PAY TO THE
ORDER OF $
                                                                           DOLLARS
MEM0
⑈012345678⑈ ⑈68590134⑈ 1200
Routing Number   Account Number

IV.   Authorization

Signature: _____ Date: _____ Employer Authorization:_____
**Please return this form to your employer for approval. **