

Section 132 Transit & Parking Enrollment Form

Participant Information (Required information)

Name _____ Social Security # _____
(Print or type: Last, First, Middle Initial)

Date of Birth _____ Mailing Address _____

City, State, Zip _____ Daytime Phone _____

Email Address _____ Date of Hire _____

Employer's use only	Effective Date _____	Per Pay Period Amount: _____	1 st Payroll Deduction Date: _____
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Transit & Parking Accounts

Transit and Parking Account Elections: I request the following amounts be deducted from my pay with pretax dollars:

	Total \$ per Month
Van Pool or Transit Passes	\$ _____ \$230 mo. Maximum
Qualified Parking	\$ _____ \$230 mo. Maximum

Authorization for Direct Deposit (Transit and Parking Spending Accounts)

Check option to authorize WageWorks, Inc. to deposit claim reimbursements for your spending account(s) directly into your bank account as indicated below (provided your employer offers this option). Attach a voided check or a bank issued direct deposit form.

Checking Account (deposit slips are not accepted) Savings Account

Signature _____ Date: _____

Spending Account Agreement

I agree to have the company reduce my pay by the amount I elect. This reduction will be taken on equal installments. I understand that I can change my election at any time, with such change taking effect in the first payroll period following the receipt of my written notification of the change. I understand that only qualified Transit and Parking Benefits are eligible for reimbursement under this plan.

Signature _____ Date: _____