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EMPLOYEE ENROLLMENT FORM

Company Name:			Name:	
Address:	City:	State:	ZipCode:	Hire Date:
Date of Birth:	Gender: ☐ Male ☐ Female	Phone Number:	Email Address:	
Social Security Number:				

Note: **Election changes are only allowed with a qualifying change of status event. Changes requests must be submitted within 30 days of the event.**

Pay Period: (Check the box which indicates the frequency of your paychecks)

☐ WEEKLY ☐ BI-WEEKLY ☐ SEMI-MONTHLY ☐ MONTHLY ☐ OTHER

Commuter - Transit Monthly Election	**Commuter - Parking Monthly Election**
$ _____ **($350 maximum)**	$ _____ **($350 maximum)**

☐ I decline to participate

I hereby authorize my election(s) and pre-tax salary contribution(s) for the account(s) designated above for the plan year and understand my pay will be reduced by the elected amount. I understand that any unused balance in either account at the end of the plan year is subject to forfeiture

Employee Signature: _____ **Date:** _____

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