Complete this form to enroll in the Commuter Benefits Program through <Company Name>. Return this form to <enter contact name or office location> no later than <enter enrollment deadline>.

**What are Pre-Tax Commuter Benefits?**

Commuter Benefits is a federal transportation benefit program that allows you to save on your transit costs by deducting your commute expenses pre-tax from your paycheck each month. You save money on transit, vanpool and even parking <if offered> expenses because you don’t pay taxes on the money you deduct.

When you sign up for Commuter Benefits pre-tax deductions, we will make your requested deduction on the <enter monthly deduction date> of the month and deliver your transit benefits to you by <enter date each month employees will receive their benefit>.

**How much can I deduct each month?**

You can deduct up to $270/month from your paycheck on a pre-tax basis for transit or vanpool, and an additional $270/month for parking at your transit or vanpool pick-up location. You can vary your deduction month to month if your commute circumstances change.

**Important Dates to Remember:**

* <enter enrollment and order change/cancellation deadlines>
* <enter monthly date when benefit will be deducted
* <enter monthly date employees will receive their benefit>

**To Be Completed by Employee:**

1. How would you like to receive your benefit? Check one of the following options.

<enter what you will be offering (i.e. ORCA Business account, Transit debit cards/vouchers, etc)>

1. How much would you like to deduct from your paycheck? (monthly transit limit is $265, an additional $265 is available for qualified parking benefits)

If you have any further questions about the Commuter Benefits Program, please contact:

<enter Contact Name> <enter Contact Phone Number>

<enter Contact Email> <enter Contact Office Location>

By signing below, you agree to have the amount in Question #2 deducted from your paycheck each month on a pre-tax basis, and have read and understood all of the terms above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Employee Signature Printed Name Date