

HEALTHY DOLLARS

COMMUTER PLAN ENROLLMENT / CHANGE FORM

EMPLOYER: _____

ENROLLMENT CHANGE TERMINATION

First Name:		Last Name:	
Social Security Number:		Date of Birth:	
Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Email:	
Effective Date:		Address:	

Parking

- Parking expenses include monthly or daily parking, metered parking or parking at a mass transit facility.
- Elections can be adjusted as needed throughout the year as needs change.
- Funds roll over from year to year.

Transit

- Transit expenses include bus vouchers, pass and tokens, ferry passes, van-pooling and commuter rail passes.
- Elections can be adjusted as needed throughout the year as needs change.
- Funds roll over from year to year.

Election:

	Deduction Per Pay Period
Parking Account (limit \$280/month)	
Transit Account (limit \$280/month)	

Authorization I hereby elect to participate in my employer's commuter plan agreeing to be bound by all terms, condition and limitations to the Plan. I understand that I must keep copies of all debit card transaction receipts and can be asked to submit them at any time through the plan year. I also agree that if I cannot produce a copy of the requested receipt, the transaction will be deemed ineligible and I will be required to refund the plan for the total expenses.

I **ELECT** to participate in the Healthy Dollars Plan I **DO NOT** elect to participate in the Healthy Dollars Plan

Employee Signature: _____ Date: _____