

# HEALTHY DOLLARS

## COMMUTER PLAN ENROLLMENT / CHANGE FORM

EMPLOYER: \_\_\_\_\_

ENROLLMENT     CHANGE     TERMINATION

|                                |             |             |                       |  |
|--------------------------------|-------------|-------------|-----------------------|--|
| <b>First Name:</b>             |             |             | <b>Last Name:</b>     |  |
| <b>Social Security Number:</b> |             |             | <b>Date of Birth:</b> |  |
| <b>Phone Number</b>            | <b>Home</b> | <b>Cell</b> | <b>Email:</b>         |  |
| <b>Effective Date:</b>         |             |             | <b>Address:</b>       |  |

### 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 |
|--|--------------------------|
| <b>Parking Account<br/>(limit \$270/month)</b> |                          |
| <b>Transit Account<br/>(limit \$270/month)</b> |                          |

**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: \_\_\_\_\_