

EMPLOYEE TRANSPORTATION AND PARKING PROGRAM ENROLLMENT / CHANGE FORM

ADMINISTERED BY
CBS ADMINISTRATORS, LLC
P.O. BOX 36
JAMESTOWN, CA. 95327

PHONE: 408-915-2280 Email: csamuels@cbsadmin.com

Please Check One: Enrollment Address change Amount Change Cancel Enrollment

1. Company: _____ Employee # _____

Employee Name: _____

Soc. Sec. #: _____ Date of birth: _____

Email Address _____

Home Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Work Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

2. For Transportation Benefit (Maximum \$325 per Month) \$ _____ Per month

3. For Parking Benefit (Maximum \$325 per Month) \$ _____ Per month

You are allowed to elect up to \$325 for each benefit

I authorize MY EMPLOYER to deduct, on a pre-tax basis, \$ _____ per month from my paychecks, for the purpose of my participation in the Employee Transportation Program. (This program is described in Internal Revenue Code Section 132(f)).

DEDUCTION AMOUNT: Please be certain that your paycheck amount exceeds or equals the deduction amount. If not, the payroll deduction will not be made, and the Commuter Checks or Transportation Vouchers will not be issued.

MY EMPLOYER, CBS ADMINISTRATORS AND COMMUTER CHECK SERVICES CORPORATION WILL NOT REPLACE LOST, STOLEN, UNDELIVERED OR EXPIRED COMMUTER CHECKS OR TRANSPORTATION VOUCHERS.

ALL APPLICATIONS MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT NO LATER THAN THE 20th OF THE MONTH. PAYROLL DEDUCTIONS WILL BEGIN WITH THE 1ST PAY PERIOD OF THE FOLLOWING MONTH.

Employee Signature _____ Date: _____

PLEASE SUBMIT THIS FORM TO YOUR HUMAN RESOURCES DEPARTMENT AFTER MAKING A COPY FOR YOUR RECORDS

HR use only
Date of first deduction _____