



Commuter Enrollment Form Parking or Transit

Employee must complete this form and return to their employer.
All fields are required. Please type in the fillable PDF or print clearly.

Company Name					
Company City		Company State			
First Name		Last Name			
Address					
City		State		Zip	
Email		Phone			
Date of Birth		BASIC CDA Individual ID (if known)			

Parking and/or Transit Election

The IRS caps monthly elections. To view current cap visit <https://www.basiconline.com/regulations-resources/>

Monthly Election			
\$	Parking	\$	Transit

I request that my periodic paychecks for the plan year be reduced on a pro rata pretax basis by the sum of my Parking/Transit-Van Pooling election to the plan, with such amount to be allocated for my Parking/Transit-Van Pooling expenses. I certify that I will only claim reimbursement for qualified parking/transit van pooling. Online claims generally must be followed up by submitting documentation by mail or fax. If receipts are not readily available, such as parking meter expenses, then you'll need to self-verify the expenses are accurate. Documentation must show the time period to which parking expenses apply, the name of the vendor and the amount. I further certify that these expenses will not be reimbursed under any other benefit plan. I have examined this agreement and to the best of my knowledge, it is true, correct, and complete.

Signature: _____ Date: _____