Commuter Assist Change Form

Please complete,sign and return this form either as a scanned attachment via email to benefits@workablesolutions.com or via fax to (407) 540-1749.

Participant Information Please print clearly.

Circle one: New Enrollment Re-enrollment Contribution Change

Company Name _____ Division _____

Your Name _____Soc.Sec. # ☐☐☐-☐☐-☐☐☐☐

Street Address _____ Payroll Frequency

Weekly (52) Semi-Monthly (24)

City _____ State ____ Zip _____ Bi-Weekly (26) Monthly (12)

Marital Status: Single Married Home Phone: (_____) _____ Other Phone: (_____) _____

Desired Effective Date ____/____/_____ Hire Date ____/____/_____ Date of Birth ____/____/_____

Email Address _____(This is important. It is used to provide important notices about your account.)

Benefit Elections

Commuter Assist Plans

Mass Transit/Van Pooling
$_____ per month

For mass transportation fares, which include any pass, token, fare card, ticket, etc. for public transportation to and from work, or the cost required to participate in a qualified van pooling arrangement. (Not to exceed $230 per month in 2011)

Parking
$_____ per month

For parking at or near your place of work or parking at or near a location from which you commute to work via mass transportation, van pooling, etc. (Not to exceed $230 per month in 2011)

I would like to end my participation effective _____.

Participant Authorization

Please enroll me in the plans checked above in the specified amounts indicated. I understand the requirements, terms and restrictions of each plan I have selected as described in the Summary Plan Description. I authorize my employer to adjust my taxable income to pay for expenses under the benefit plans I have selected.

_____ _____

Participant Signature Date