



Special Notes:

**TRANSIT (TRN) AND PARKING (PKG)
ENROLLMENT FORM**

COMPANY NAME: _____ **COMPANY ID:** CHO _____

Effective Date: _____ **Date of First Payroll Reduction:** _____

Please check one:

- This is a regular annual election
- I am a new employee
- This is a change in my election
- This is a termination

Employment Date:

Birth Date:

Social Security Number:

Last Name (please print)	First Name	MI	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address (Street or PO BOX)	City	State	Zip	
Phone Number	Email Address - Necessary to receive email communication on your account			

ELECTIONS – PRE-TAX SALARY REDUCTION

I authorize my employer to deduct a pre-tax contribution from my compensation for the following benefits:

Parking Expense (PKG): I understand that the maximum pre-tax deduction for 2010 is \$230.00/Month _____ (Please Initial)
Amount per pay period: \$

Transit Expense (TRN): I understand that the maximum pre-tax deduction for 2010 is \$230.00/Month _____ (Please Initial)
Amount per pay period: \$

AUTHORIZATION OR WAIVER OF PARTICIPATION

I request to participate in the benefits indicated above. Under penalty of perjury I agree to use the debit card solely for the purchase of eligible expenses that are not covered by any other plan. I understand that I am responsible for providing proof to support the reimbursed expense, and any reimbursed expense later discovered to be ineligible must be repaid to the account. I understand that these expenses cannot be claimed on my income tax return.

By signing this form I hereby authorize my employer to deduct any ineligible expenses paid for understand that any unauthorized use may result in the loss of my *Choice Care Card*™.

I elect to participate in *The Choice Care Card*™ Transit or Parking Plan I do not elect to participate in *The Choice Care Card*™ Transit or Parking Plan

Direct Deposit (ACH): When filing claims manually, I hereby authorize The Choice Care Card to Credit the account indicated below:

Account Number: _____ Transit Routing Number (9 digits): _____

Type of Account: Checking Savings

By signing below I hereby authorize the release of claim information to my employer, their broker, and *The Choice Care Card*™ administrator.

Employee Signature: _____ Date: _____