**Employer Name:** _____

**Commuter Benefits Enrollment Form - Benefit Plan Year**

This form must be completed & given to HR/Payroll by_____

**Employee Name:** _____

**New enrollees only** – *Please complete all fields below. View your account at www.mywealthcareonline.com/bbp once you have been enrolled.*
**Current participants only** – *Please login to your account at www.mywealthcareonline.com/bbp to make any updates to your account information below. Then, skip to Step 2.*

**Step 1:**

Employee Address: (Address, City, State, Zip) _____

Social Security Number: _____ Date of Birth: _____

E-Mail Address: _____ Telephone: _____

**Step 2:**

| | Annual Election Amount | # of Pay Periods | Per Paycheck Amount | |
|---|---|---|---|---|
| ☐ Parking | $_____ ($265 Monthly Maximum) | ÷ _____ | = $_____ | _____ Name & Location of Parking Facility |
| ☐ Mass Transit: | $_____ ($265 Monthly Maximum) | ÷ _____ | = $_____ | _____ Name & Type of Mass Transit (Train, Bus, Boat/Ferry, Carpool/Uber/Lyft) |

**DIRECT DEPOSIT INFORMATION (for Parking claims only and if available to your group – mass transit claims are not reimbursable, you must use your Benefits Card). To expedite your payment, please provide us with your direct deposit information. (There is a $25 fee to reissue a direct deposit – please refer to one of your checks for your account and routing numbers and NOT a deposit slip)**

**Bank Name:** _____

**Account #:**_____ **Routing #:** _____


I understand that, by making the above election for coverage, the costs for the coverage(s) that I elect will be deducted from my compensation on a pre-tax basis. Any previous election and Agreement under the Plan relating to the same Benefits, including any prior Election Formal Compensation Reduction Agreement, is hereby revoked.

**Election to Cease Participation under the Transportation Fringe Benefit Plan**

☐ I elect to cease participation in the Plan. I understand that my Employer will cease my payroll deductions for the Plan as soon as practicable.

**Elections Can Only Be Changed Monthly for Future Months**

I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Election Form/Compensation Reduction Agreement prior to the first day of the next month. My employer allows election changes monthly.

**Additional Terms**

I agree that my Compensation will be reduced by the amount of my required contribution for the Transportation Benefits I have elected under the Plan, and that such Compensation Reductions will continue for each pay period until this Agreement is amended or terminated. Also, I understand that:

• Compensation reductions under this Agreement reduce my compensation for Social Security tax purposes. This means that my Social Security benefits could be decreased because of the decreased amount of compensation that is considered for Social Security purposes.

• Amounts remaining in my Transportation Account after reimbursing my Transportation Expenses for the month will be carried over to reimburse me for Transportation Expenses in a subsequent month; however, if I cease to participate in the Plan (for example, because of termination of employment), amounts remaining in my Transportation Account after reimbursement will be forfeited back to my Employer.

By signing this form I agree to the terms and procedures listed herein.

Employee's Signature:_____ Date: _____

**BBPadmin**
**125 West Orchard Street - Itasca, Illinois 60143-1764**
**Phone (630) 773-2337– Fax (630) 775-8568 – E-mail support@bbpadmin.com**