

Commuter Program

For more information and to better understand fringe benefit programs go to <http://orpebb.asiflex.com/>

Office use only
Approved by: _____
Approved date: _____
Effective date: _____

Contact information *(You must complete all fields.)*

PEBB benefit number (P#####), OR#, University ID or Lottery ID

Last name	First name	Middle	Agency	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Contact address	<input type="checkbox"/> Check if new address	Apartment #	City	State ZIP
Residence ZIP code	Work ZIP code	Work email	Personal email (optional)	
Date of birth (mm/dd/yyyy)	Work phone	Home phone (optional)		

Parking *(DO NOT enroll for this account if you have state parking and the cost of parking is deducted from your monthly pay, and you have no other Parking costs. The PEBB Parking account is not used to pay for monthly state lot parking.)*

- New election
- Change my monthly parking contribution
- Cancel election

1. Parking Account Monthly contribution (minimum \$20)
 (Maximum monthly contribution or reimbursement is \$255.00) \$ _____

1a. I am changing my monthly parking election amount. From: \$ _____ To: \$ _____

Transportation *(DO NOT enroll for this account if you already have transit passes deducted from your monthly pay as pretax and have no other transportation costs.)*

- New election
- Change my monthly transportation contribution
- Cancel election

2. Transportation Account Monthly contribution (minimum \$20)
 (Maximum monthly contribution or reimbursement is \$255.00) \$ _____

2a. I am changing my monthly transportation election amount. From: \$ _____ To: \$ _____

Employee Signature and Authorization

I understand that:

- I have elected to have pretax deductions from my pay in order to contribute to the account indicated on this form. Pretax deductions reduce my compensation for tax purposes, which may reduce my Social Security benefit.
- This enrollment will continue until this agreement is amended or terminated as allowed under the plan.
- To change or revoke my election it must be prospective. I must complete a new form and submit the form to my agency/university benefit office to process.
- My employer may change my election if necessary in order to satisfy IRS regulations. The monthly limits are set by IRS. The limits are subject to change at any time and without notice.
- Accounts that are inactive for six consecutive months, without a contribution or qualified claim reimbursement will forfeit to PEBB.
- In general, my claims for reimbursement must have supporting documentation and must be submitted within the required timeline.
- I am responsible to understand the plan, my rights, and my obligations under the plan as specified in my employer's plan materials.
- I understand contributions cannot be refunded without a qualified claim for reimbursement.

Participant signature

Date

Submit completed form to your agency payroll or university benefits office.

Keep a copy of your benefit forms for your records.

Any alteration of this form may result in it being ineffective.