

2026 Commuter Program Enrollment

Office use only

Approved by: _____

Approved date: _____

Effective date: _____

For more information go to <http://orpebb.asiflex.com>

Contact information (You must complete all fields.)

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

Last name	First name	Middle	Gender
			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

☐ Check if new address

Contact 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

If you already have parking expenses withdrawn directly from your paycheck DO NOT sign up for this program. A 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

(Maximum monthly contribution or reimbursement is \$325.00)

Monthly contribution (minimum \$20)

\$ _____

1a. I am changing my monthly parking election amount.

From: \$ _____ To: \$ _____

Transportation

If you already have transit passes withdrawn directly from your paycheck, DO NOT enroll in this type of account.

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

Monthly contribution (minimum \$20)

2. Transportation Account

(Maximum monthly contribution or reimbursement is \$325.00) \$ _____

2a. I am changing my monthly transportation

election amount. (Minimum \$20, maximum \$325)

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.

Employee signature

Date

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

Please keep a copy of benefit documents for your records.