

Sample

Commuter Benefits Employee Enrollment Form

This form is provided as an example of what employers can distribute to their employees to start a commuter benefits program. You should edit it to fit your benefit program. For more information on commuter benefits, please visit <http://www.cityofberkeley.info/commute>.

Dear Employee,

In compliance with City of Berkeley Ordinance 9.88, the Tax Relief Action to Cut Commuter Carbon, we are offering an employee commute benefit program. Our commute benefit program will enable employees to take advantage of an IRS tax benefit that allows employees to take a pre-tax deduction from their salary of up to \$230 per month for qualified transit and vanpool expenses, **saving employees up to 40% on their commute costs.**

Employees can purchase transit passes with pre-tax dollars for AC Transit, BART, Muni, ACE, and every other public transit system in the Bay Area, or for vanpool expenses. Employees can reduce their commute costs by 40%, saving up to \$1,000 or more each year. Taking a portion of your salary as a pre-tax benefit reduces your taxable income, which lowers your Federal Insurance Contributions Act (FICA) (7.65%), State (6.5%) and Federal Income Tax (25%-28%, depending on your tax bracket.).

Our program offers the following commute benefits

___ a pre-tax payroll deduction

___ an employer-paid subsidy of \$___ per month

Describe the specifics of the program that you will be providing (i.e. employees will be allowed to choose transit passes vouchers, debit cards, all option, etc.)

Please fill out and return this form to _____ by _____ if you are interested in signing up for the program.

1. You can deduct up to \$230 monthly for transit from your paycheck. How much would you like to deduct? Note: When the program begins, you will be allowed to make changes to your deduction once every _____ month(s).

\$ _____

2. How would you like to receive your benefit?

Specify what denomination(s) of transit passes you are making available. Keep in mind that you must allow your employees to have access to all transit agencies, either by supplying the actual transit passes or vouchers/debit cards.

By signing below, you acknowledge that:

- Please check 1 of the following:
 You agree to allow the total in Question #1 to be deducted from your paycheck each month on a pre-tax basis.

-OR-

You choose not to enroll in the program.

- You have read and understood all of the terms above.

Employee Signature

Date

Employee Name (Print)

The program will begin for the benefit month of _____. You will see your first deduction in the payroll period of _____.