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Transit/Parking Change Form

Use this form if you want to enroll, change the dollar amount of your payroll deduction or terminate your commuter benefits

Employee First Name	Last	DOB	/ /
SS#	Email Address		
Home Address			
City	State	Zip Code	
Employer name			

ENROLLMENT in Commuter Benefit	Date of First Payroll Deduction	/ /
<small>NOTE: You may pre-tax any amount up to the monthly maximums set by the IRS. For 2021, the maximum monthly pre-tax contributions are not yet released but expected to be: \$275 for Mass Transit and \$275 for Parking.</small>		
	Annual Election	/ # of Months = \$ Pay Per Month
Mass Transit	\$	/ 12 = \$
Parking	\$	/ 12 = \$
Employer Contributions (if any)	\$	/ 12 = \$
Totals	\$	/ 12 = \$
<input type="checkbox"/> No, I do not want to enroll. If a change in status occurs, I may have the right to enroll in the plan at that time (if my employer's plan allows).		
<input type="checkbox"/> Yes, I want to enroll. The IRS regulations state three conditions: 1) Any expenses you incur must be within the plan year; 2) Any expenses you incur must not be covered by any other source; 3) You must provide proper documentation to receive payment.		
Signature	Date / /	

CHANGE in Commuter Benefit	Date of First Payroll Deduction at NEW Rate	/ /
Mass Transit	<input type="checkbox"/> I elect to change my deduction from \$ Per month to \$ Pay per month	
Parking	<input type="checkbox"/> I elect to change my deduction from \$ Per month to \$ Pay per month	
New TOTAL deduction amount		\$ Pay per month
Signature	Date / /	

TERMINATION of Commuter Benefit	Date of LAST payroll deduction	/ /
<input type="checkbox"/> I elect to cease participation in the program. I understand that my employer will cease my payroll deductions for the program at the next earliest payroll cycle.		
Signature	Date / /	

Once completed, please submit to your HR Department