

EMPLOYEE TRANSPORTATION AND PARKING PROGRAM ENROLLMENT / CHANGE FORM

ADMINISTERED BY  
CBS ADMINISTRATORS, LLC  
P.O. BOX 36  
Jamestown, CA. 95327  
PHONE: 408-915-2280 FAX: 408-323-4999  
[csamuels@cbsadmin.com](mailto:csamuels@cbsadmin.com)

Please Check One:  Enrollment  Address change  Amount Change  Cancel Enrollment

1. Company: \_\_\_\_\_ Employee # \_\_\_\_\_

Employee Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. FOR PARKING BENEFIT (Maximum \$270 per Month) \$ \_\_\_\_\_ Per month

3. FOR TRANSPORTATION ONLY (Maximum \$270 per month) \$ \_\_\_\_\_ .00 Per month

I authorize MY EMPLOYER to deduct, on a pre-tax basis, \$ \_\_\_\_\_ per month from my paychecks, for my participation in the Employee Transportation Program. (This program is described in Internal Revenue Code Section 132(f)).

**DEDUCTION AMOUNT:** Please be certain that your paycheck amount exceeds or equals the deduction amount. If not, the payroll deduction will not be made, and the Commuter Checks or Transportation Vouchers will not be issued.

**MY EMPLOYER, CBS ADMINISTRATORS AND COMMUTER CHECK SERVICES CORPORATION WILL NOT BE RESPONSIBLE FOR FUNDS USED ON A LOST OR STOLEN CARD. REPORT A MISSING CARD IMMEDIATELY.**

**ALL APPLICATIONS MUST BE SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT NO LATER THAN THE 20<sup>th</sup> OF THE MONTH. PAYROLL DEDUCTIONS WILL BEGIN WITH THE 1<sup>ST</sup> PAY PERIOD OF THE FOLLOWING MONTH.**

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO YOUR HUMAN RESOURCES DEPARTMENT AFTER MAKING A COPY FOR YOUR RECORDS**

HR use only  
Date of first deduction \_\_\_\_\_