



Commuter Benefits Enrollment Form

Foothill-De Anza Community College District | Office of Human Resources

Section 1: Employee Information

All fields in this section are required.

- **Full Name:** _____ **Campus ID:** _____
- **Email Address:** _____
- **Phone Number:** _____

Section 2: Enrollment Options

Select "Yes" to enroll or "No" to decline/cancel existing coverage.

Option 1: Transit Account (Pre-Tax)

Used for qualified public transportation (bus, train, light rail, etc.).

- **YES**, I elect to contribute \$_____ per pay period.
- **NO**, I decline or wish to cancel this option.

Option 2: Parking Account (Pre-Tax)

Used for qualified parking expenses at or near your work location.

- **YES**, I elect to contribute \$_____ per pay period.
- **NO**, I decline or wish to cancel this option.

📅 **Start Date (MM/YY):** _____

📅 **End Date (Optional):** _____ *(Leave blank if ongoing)*

Section 4: Acknowledgment & Signature

By signing below, I understand that:

- My taxable income will be reduced by the amount(s) elected above.
- Funds must be used for IRS-qualified expenses only.
- I must keep all receipts for auditing and claim submission.
- Claims must be submitted within 180 days of the service date.
- Unused funds roll over for active participants.
- Upon separation of employment, I have 90 days to submit claims; remaining funds after that period are forfeited.

Employee Signature: _____ **Date:** _____