

BrightStar Care of San Francisco & Marin Pre-Tax Commuter/Parking Enrollment Form

If you wish to participate in any portion of the Pre-Tax Commuter/Parking Plan, you must complete the following section. You may elect to participate in one or any combination of the two benefits out lined below.

Return this completed form to your Benefits/ Human Resources Representative

SECTION A – EMPLOYEE DATA (PLEASE PRINT OR TYPE)

Name:		SSN:	Home Phone:
Street Address:			
City:	State:	Zip Code:	
DOB (date of birth):	Date of Hire:	Date of <u>First Contribution</u> (payroll date):	
Email:			

SECTION B – ELECTION AND SALARY REDIRECTION INFORMATION

➤ **Pre-Tax Transportation Expense Reimbursement Account**

I hereby authorize my employer to deduct \$ _____ from my monthly wages on a pre-tax basis, not to exceed \$130, to be used for the reimbursement of my qualified Transportation Expenses.

➤ **Pre-Tax Parking Expense Reimbursement Account**

I hereby authorize my employer to deduct \$ _____ from my monthly wages on a pre-tax basis, not to exceed \$250, to be used for the reimbursement of my qualified Parking Expenses.

SECTION E – EMPLOYEE AUTHORIZATION AND SIGNATURE

- ❖ I WILL BE USING THE BENEFIT EXCLUSIVELY FOR MY REGULAR DAILY DIRECT COMMUTE FROM HOME TO WORK AND RETURN. I WILL NOT GIVE, BARTER, EXCHANGE, CONVEY, OR OTHERWISE TRANSFER THIS BENEFIT TO ANY OTHER PERSON.
- ❖ I UNDERSTAND THAT THIS ELECTION WILL GO INTO EFFECT THE FIRST OF THE MONTH AFTER I SUBMIT THIS FORM TO THE APPROPRIATE HUMAN RESOURCES / PAYROLL REPRESENTATIVE. I FURTHER UNDERSTAND THAT THIS ELECTION WILL REMAIN IN PLACE UNTIL I CHANGE OR RESCIND IT IN WRITING. TO CHANGE OR RESCIND THIS ELECTION I UNDERSTAND I WILL NEED TO COMPLETE A NEW ELECTION FORM AND SUBMIT IT TO THE APPROPRIATE HUMAN RESOURCES / PAYROLL REPRESENTATIVE..
- ❖ I FURTHER UNDERSTAND AND AGREE THAT FALSE CERTIFICATION OR CLAIMS MAY RESULT IN DISCIPLINARY ACTION TAKEN BY MY EMPLOYER UP TO AND INCLUDING DISMISSAL FROM EMPLOYMENT AND POSSIBLE PROSECUTION FOR FEDERAL INCOME TAX EVASION.

Date:	Employee Signature:
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