

**Santa Barbara County Superior Court
Section 132
Transit & Parking Benefits Program
Enrollment/Change Form**



- New Enrollment
 - Change to Existing Election
 - Cancel Enrollment
- Effective Date ____/____/____

Please complete the entire form if this is a new enrollment. If making a change, indicate only employee name, social security number, effective date and items to be changed and sign the form. Return the completed form to Human Resources.

Employee Information

Employee's Name (Last, First, Middle Initial)		Social Security No.		Date of Birth	
Employee's Home Address (Street)		(City)		(State) (ZIP)	
<input type="checkbox"/> New Address					
Work Phone	Home Phone	E-mail Address		Date of hire	Employment status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> On leave

Benefit Elections

Transit and Parking Account Elections: I request the following amounts be deducted from my pay with pretax dollars:

	Total \$ per Month
Van Pool or Transit Passes	\$ _____ \$270/ Month Maximum
Qualified Parking	\$ _____ \$270/ Month Maximum

Agreement

The amount(s) I have elected will be taken from my pay in equal installments on a pretax basis. I understand that if I fail to submit eligible claims for entire amount elected, I forfeit any remaining balance. I understand that I can change my election at any time, with such change taking effect in the first payroll period following the receipt of my written notification of the change. I understand that only qualified Transit and Parking Benefits are eligible for reimbursement under this plan.

Signature _____

Date: _____

Authorization for Direct Deposit

Check here to authorize Health Equity to deposit claim reimbursements for your qualified spending account(s) directly into your bank account (checking account only) as indicated on the attached voided check.

HR Use Only	Received By	Entered ADP	Audited ADP	Entered Web	Audited Web
Initial/Date					
Deduction Amt		Monthly Amount		Pay Period Amount	Annual Amount