

# Section 132 TRN & PRK Enrollment

IRS Section 132

Transit / Commuting Account (TRN) & Qualified Parking Account (PRK)

## I. Employee Enrollment

Employer Name:				
Your Name (last, first, middle)	Social Security Number	Date of Birth	Gender	Marital Status
Mailing Address	City	State	Zip	( ) Day Time Phone Number
email address:				

## II. Enrollment Election *(check which plans you want and complete information)*

<input type="checkbox"/> Yes, I elect to participate in a Transit / Commuting (TRN) Account: Monthly Election: \$ _____
<input type="checkbox"/> No, I do not elect to participate.
<input type="checkbox"/> Yes, I elect to participate in a Qualified Parking (PRK) Account: Monthly Election: \$ _____
<input type="checkbox"/> No, I do not want to participate.

## IV. Certification

I certify that all the information on this form is correct. I understand that: Any amount remaining in my Transit / Commuting (TRN) and/or Qualified Parking (PRK), accounts at year end will be carried forward into the following plan year.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return completed Enrollment Form to your Benefit Department*

<b>Employer Use Only</b>	Date of Hire:     /     /	Effective Date:     /     /	Number of Paychecks This Plan Year:
Payroll Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Pay Date of First Deduction: /     /		
Transit / Commuting Deduction Per Pay Period: \$	Qualified Parking Deduction Per Pay Period: \$		
<i>Note to employer Representative: Please retain the original copy of this form for you records and provide a photocopy to ABS.</i>			