



Yale University
Commuter Benefit Program

Please print clearly and be sure to sign and date below:

Last Name	First Name	Employee ID#
Phone Number	Email Address	Department

- New Application
- Application Change (to increase or decrease amount)
- Cancellation

	Contributions per month *	Divided by # of pay periods per month	Total contributions per pay period
Parking	\$		\$
<i>* Cannot exceed \$230 per month</i>			
Transit	\$		\$
<i>*Cannot exceed \$230 per month</i>			

1. Please complete the following section for an enrollment/change:

- I hereby authorize Yale University to deduct \$ _____ per month from my paycheck for transit/off campus parking.
- I would like the deductions to begin with the _____ pay period.

2. Please complete the following section for a cancellation only

- I hereby request cancellation of my contribution in the Yale University Qualified Transportation Fringe Benefit Plan. In doing so, I withdraw my authorization for payroll reduction for this plan. I understand that this cancellation notice must be received in the Yale University Employee Service Center office prior to the 10th of the month. Note: Transit orders must be cancelled directly with ADP.

Section 132 of the Internal Revenue Code allows you to pay for certain work-related transportation expenses with pre-tax dollars by lowering your taxable income by a designated amount, deducted from your salary for these expenses (Salary deductions for parking at Yale lots are automatically pre-tax).

Beginning January 1, 2009, you can set aside up to \$230/mo for work-related parking at lots not owned by Yale, and effective March 1, 2009 up to \$230/mo for combined work-related mass-transit/vanpooling expenses. You may set aside funds for either or both programs. You may enroll, cancel coverage or change the monthly reduction amount at any time.

Under IRS regulations, if an individual elects a greater amount of salary or wage reduction for the Transit Expense Reimbursement Plan than is actually used or claimed, the individual will lose the unused amount of transit benefits, if not claimed within 180 days after the expense is incurred.

Signature: _____ Date: _____

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