



Transportation Spending Account
Payroll Deduction Worksheet

Please complete and submit this worksheet to your employer. This is an internal document used by your employer for data collection purposes. Worksheets returned to Discovery Benefits cannot be processed.

Step 1: Participant Information

*=Required Fields

[Empty text box for Employer Name]

*Employer Name

[Empty text box for Participant Name]

*Participant Name (First, MI, Last)

[Empty text box for Employee ID Number]

*Employee ID Number

[Empty text box for Day Telephone]

*Day Telephone

[Empty text box for Day Telephone]

[Empty text box for Day Telephone]

[Empty text box for Hire Date]

*Hire Date (MMDDYYYY)

[Empty text box for Birth Date]

*Birth Date (MM/DD/YYYY)

[Empty text box for Address]

*Address

[Empty text box for City]

*City

[Empty text box for State]

*State

[Empty text box for Zip Code]

*Zip Code

Step 2: Contribution Information

The IRS monthly maximums for pre-tax contributions are \$130 for Mass Transit and \$250

I elect a Mass Transit monthly contribution of \$ _____

(Please note: This amount can be changed from month to month).

I elect a Parking monthly contribution of \$ _____

(Please note: This amount can be changed from month to month).

Please Check One:

[Empty checkbox]

Recurring Payroll Deductions: My payroll deductions will remain the same each month and I would like the same amount to be deducted each payroll through the end of the plan year.

[Empty checkbox]

Payroll Deductions will Change: My payroll deductions will vary each month, I agree to notify my employer each month with my election

**BE ADVISED: There will be a monthly Administrative Fee of \$4.75.

Step 3: Participant Authorization

By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

[Empty text box for Participant Signature]

*Participant Signature

[Empty text box for Date]

Date