



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

*Employer Name

*Participant Name (First, MI, Last)

 - -

*Social Security Number

 - -

*Day Telephone

*Hire Date (MMDDYYYY)

*Birth Date (MM/DD/YYYY)

*Address

*City

*State

*Zip Code

Step 2: Contribution Information

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

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:

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.

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

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.

*Participant Signature

Date