

# City of Stamford

## HSA Commuter Enrollment Form

Social Security Number (last 4): \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Name: \_\_\_\_\_ Contact#: \_\_\_\_\_  
                     Last                      First                      Middle

Address: \_\_\_\_\_  
                     Street                      City                      State                      Zip

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

\***Effective Date:** \_\_\_\_\_ Union: \_\_\_\_\_

\* **Effective Date** refers to the date of first ***DEDUCTION*** or ***CHANGE*** in deduction; the ***BENEFIT*** will then be effective the *following month*.

In accordance with my rights under the Plan, I elect the following benefits and agree that my paycheck will be reduced by the amounts necessary to pay for my elected options:

( ) **COMMUTER ENROLLMENT/CHANGE: TRANSIT**  
                     \_\_\_\_\_ (maximum **monthly** election is \$300 – election valid until changed)

( ) **COMMUTER ENROLLMENT/CHANGE: PARKING**  
                     \_\_\_\_\_ (maximum **monthly** election is \$300 – election valid until changed)

\* The Commuter program has a monthly deadline of **4:00 p.m. EST** on the **2nd Tuesday** of the month for any new enrollments or changes to election amounts.

### Terms and Conditions

If I conclude my employment with City of Stamford, I understand that all pending and future elections are canceled. Participants with unclaimed elections will have 90 days from the plan year end date to submit a claim for reimbursement. Unclaimed elections will expire and the funds associated with the election will be forfeited.

Pre-tax funds for Parking and Transit are forfeited to the employer 90 days after the plan year end date. Any post-tax funds will be returned to the participant at the same time pre-tax funds are forfeited.

The information above is all subject to IRS regulations.

\_\_\_\_\_  
 Employee Signature                      Print Name                      Date

<b><u>CITY DEPARTMENT USE ONLY BELOW THIS LINE</u></b>		
<b>DEPARTMENT ACTION</b>	<b>MONTHLY COMMUTER: TRANSIT AMOUNT</b>	<b>MONTHLY COMMUTER: PARKING AMOUNT</b>
<b>REVIEWED BY:</b> _____		
	Employee Signature	Date

Please direct all **COMMUTER** program questions to Kimberly Hawreluk – [khawreluk1@stamfordct.gov](mailto:khawreluk1@stamfordct.gov)