



County of Hamilton
\$martCommuter Enrollment/Change

HRP:	____/____/____
Deductions:	____/____/____
Scanned:	____/____/____

Employee General Information:

First Name: _____ Employee ID: _____
 Middle Name: _____ Department #: _____
 Last Name: _____ Home Phone: (____) _____ - _____
 Street Address: _____
Street address City State Zip Code

My pay frequency is: Bi-Weekly Semi-Monthly Monthly

\$martCommuter Accounts:

Check one
 Enrollment Change Terminate Enrollment

Date I want this change to take effect: _____

SPENDING ACCOUNTS	Not Participating	Participating	Contribution
\$martCommuter – Parking (Max: \$240/month)	<input type="checkbox"/>	<input type="checkbox"/>	\$ / pay check*
\$martCommuter – Bus (Max: \$125/month)	<input type="checkbox"/>	<input type="checkbox"/>	\$ / pay check*

** For employees with a bi-weekly pay frequency, deductions will only be taken for 24 pays during the plan year. In months in which we receive three (3) pays per month, you will only see a deduction in the first 2 pays of that month.*

Authorization:

I want to participate in the Hamilton County \$martCommuter Program and use pre-tax dollars to pay the full amount for the options checked above. I authorize Hamilton County to reduce my compensation on a pre-tax basis by the amount required by my election. I understand that I must provide Hamilton County with at least thirty (30) days prior notice to enroll or change my election or to terminate participation in this program, and that I am limited to four (4) changes per year, plus one additional option to discontinue participation.

Signature: _____ Date: _____