

Commuter Check Pre-Tax Benefit

Payroll and Benefits, Application Form

| The Commuter Check program allows eligible Sonoma State employees to defer up to \$315 per mo \$3,780 per year tax-free for the purchase of transit tickets and passes. | onth / |
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| Deductions are taken from your pay before federal, state, Social Security, and Medicare taxes are calculated. Your taxable income is reduced, thereby reducing the taxable income reflected on yo annual W-2 statement. | ur |
| Participating in the Commuter Check program will have no impact on your CalPERS retirement or o other CSU-paid benefit. However, depending on your salary, your Social Security benefits at retireme be reduced slightly, because you will have paid Social Security taxes on a lower wage. (For more information, you may wish to consult your tax advisor or financial planner.) Enrollment into the Commuter Check Direct program is a two-step process: Complete and submit this application to Payroll and Benefits Office, Salazar 2nd Floor. The detter you receive an email confirmation (with instructions for enrollment) from Payroll and Benefit Commuter Check Direct on-line and place your order for a Commuter Voucher or SMAR The deadline for enrollment is the last day of the month for receipt of your voucher around 20th of the following month. The Commuter Check orders and payroll deductions are processed monthly. The amount you or Commuter Check Direct will be deducted from your pay each month on a pre-tax basis. Refund given for unused funds. The commuter vouchers expire within 13 months of issuance. Eligibility: This benefit is only for full-time and part-time (20 hours per week or more) Sonoma State employ benefit is not available for students or student assistants. If the provisions of the Memorandum of Understanding (MOU) for the bargaining unit in w employee is placed differ from those stated or implied above, the provisions of the MOU shall su the above. Contact the Payroll and Benefits Office, Salazar 2nd floor for questions (707) 664-2793 | ent may eadline is fits, enroll T Pass. d the rdered in s are not vees. This vhich the |

First and Last Name of Employee

PeopleSoft Employee ID #

E-Mail Address

Home Address

Home and Work Telephone



I authorize the payroll deduction of \$_____ per month for my Commuter Check. I acknowledge that this is a two-step process and will enroll with Commuter Check after receiving the e-mail confirmation from Payroll and Benefits.

Signature: _____ Date: _____