



Commuter Benefits Payroll Deduction Worksheet – Transit

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 WEX Health, Inc. cannot be processed.

*=Required Fields

Effective Date

Step 1: Participant Information

*Employer Name

*Participant Name (First, MI, Last)

*Social Security Number

*Day Telephone

*Hire Date (mm/dd/yyyy)

*Birth Date (mm/dd/yyyy)

*Address

*City

*State

*Zip Code

Step 2: Contribution Information

Visit www.wexinc.com to verify the IRS monthly maximum for pre-tax contributions.

I elect a Mass Transit monthly contribution of:

\$

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.

I decline to elect Mass Transit benefits.

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

By the below signature, I hereby consent to waive election of Mass Transit benefits.

*Participant Signature

*Date

Please send the completed form to HR Department by inter-office mail, fax (973-761-9007) or email (benefits@shu.edu) by the 15th of the month in order for the change to be made in that month.