



Illinois Institute of Technology

Commuter Program

Certification & Election/Change Form

In accordance with the provisions of Section 132(f) of the Internal Revenue Code as amended by the Transportation Equity Act for the 21st Century, I hereby elect to enroll/change my participation in the Commuter Program on _____ 1, 20____:

- Qualified Personal Parking Expenses of \$_____ (\$220/Month Maximum)**
 - One-Time Deduction Only Take This Deduction Each Month

- Qualified Main Campus Parking Expenses (Part of the \$220/Month Maximum Above)**
Apply for a parking permit and complete the necessary pre-tax forms in Parking Services located in the Hermann Union Building, Room 201. Car registration must be presented at time of purchase.

- Public Transportation Expenses (\$115/Month Maximum)**
Human Resources will create a Ceridian account and send confirmation to the email address indicated below. The confirmation will include instructions on how to make the public transportation election on Ceridian's online system.

I have read the description of the plan and understand that:

- If I wish to change my *personal parking* election, I must submit another Certification & Election/Change form by the 15th of the month prior to its effective date. I will be allowed to change the amount of, or cancel my parking election no more than once each calendar quarter.
- If I wish to change my *public transportation* election, I must do so online at www.ceridian-benefits.com. Changes made by the 15th of the month will be reflected in the next deduction taken. This change affects the pass/transit check/credit distributed at the end of the following month. I am free to make online changes at any time.
- I may not exchange or return passes/transit checks to IIT at any time.
- The university is not responsible for the loss of any pass or transit check sent via U.S. Postal Service. It is my responsibility to make timely updates to my mailing address on Ceridian's website.
- It is intended that the amounts paid to me under the commuter program will not constitute taxable income. If for any reason the Internal Revenue Service determines these amounts are taxable, I will be responsible for the taxes due plus any interest or penalties.
- The university reserves the right to request additional evidence or information concerning my request for reimbursement. The university also reserves the right to terminate or change the terms of this program at any time.

Employee Name (Please Print): _____

Social Security Number: _____ - _____ - _____ Email: _____

Employee Signature: _____ Date: _____

Return to Human Resources • Main Building, Room 302 • Fax 312.567.3450