

COMMUTER PARKING ENROLLMENT/CHANGE FORM

Mail to:
UPMC Health Plan
PO Box 2976
Pittsburgh, PA 15230

Phone: 1-888-876-2756
Fax: 412-454-2796

PLAN INFORMATION

EMPLOYER NAME:

UPMC

EMPLOYEE INFORMATION

Please provide information as it currently appears on your account.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Member or Employee ID _____

E-Mail Address _____

ELECTION

Effective Date: _____ / _____ / _____

Note: Enrollments received by the 15th of the month are effective the beginning of the next month. For example, to be effective in the commuter parking account in March, you must submit the enrollment form by February 15th.

Monthly Election \$ _____ per month

Change deduction amount to \$ _____ per month

Terminate participation in plan

- The maximum pre-tax commuter parking deduction is \$230 per month. Any amount exceeding \$230 per month will be an after-tax payroll deduction.

***Monthly maximum is subject to change consistent with IRS Section 132(f)**

EMPLOYEE AUTHORIZATION

I elect to participate in my employer's Commuter Parking Plan as specified above and agree to be bound by the terms of my employer's plan. I hereby authorize my employer to make the payroll deductions and changes as indicated above.

SIGNATURE _____ DATE _____