



Enrollment Form: Commuter Benefits

ENROLL ONLINE OR VIA PHONE
SEE ONLINE ENROLLMENT INSTRUCTIONS – PAGE 5

GENERAL INFORMATION:

01/01/2018 – 12/31/2018

| | | | |
|--------------------------|--|---------------|-----|
| Employee Name | | EE ID# | |
| Company Name | | Client # | |
| Employee Mailing Address | | | |
| City | | State | Zip |
| Email Address | | Date of Birth | |
| Social Security Number | | Date of Hire | |

CONTRIBUTION INFORMATION:

The 2018 IRS monthly maximum for pre-tax contributions are \$260 for Mass Transit and \$260 for Parking

| | Monthly Amount | Please Check one: |
|--|----------------|---|
| Mass Transit* (max \$260 pre-tax per month) | \$ _____ | <input type="checkbox"/> Recurring Payroll Deductions: My payroll deductions will remain the same each month |
| Parking* (max \$260 pre-tax per month) | \$ _____ | <input type="checkbox"/> Payroll Deductions will change: My payroll deductions will vary each month. I agree to notify Abel HR each month with my election amount |

*Amounts over the maximum pretax allowed will automatically roll over to post-tax

Effective date of coverage:

My pay schedule is:

| | |
|--|---|
| <input type="checkbox"/> Weekly – based on 48 deductions | <input type="checkbox"/> Bi-weekly – based on 24 deductions |
| <input type="checkbox"/> Semi-monthly – based on 24 deductions | <input type="checkbox"/> Monthly – based on 12 deductions |

AUTHORIZATION AND ACKNOWLEDGEMENT:

By signing this form, I authorize my employer to deduct the elected amount from my pay each pay date. I hereby consent that all personal information and selections made are correct.

| | | | |
|--------------------|--|------|--|
| Employee Signature | | Date | |
|--------------------|--|------|--|

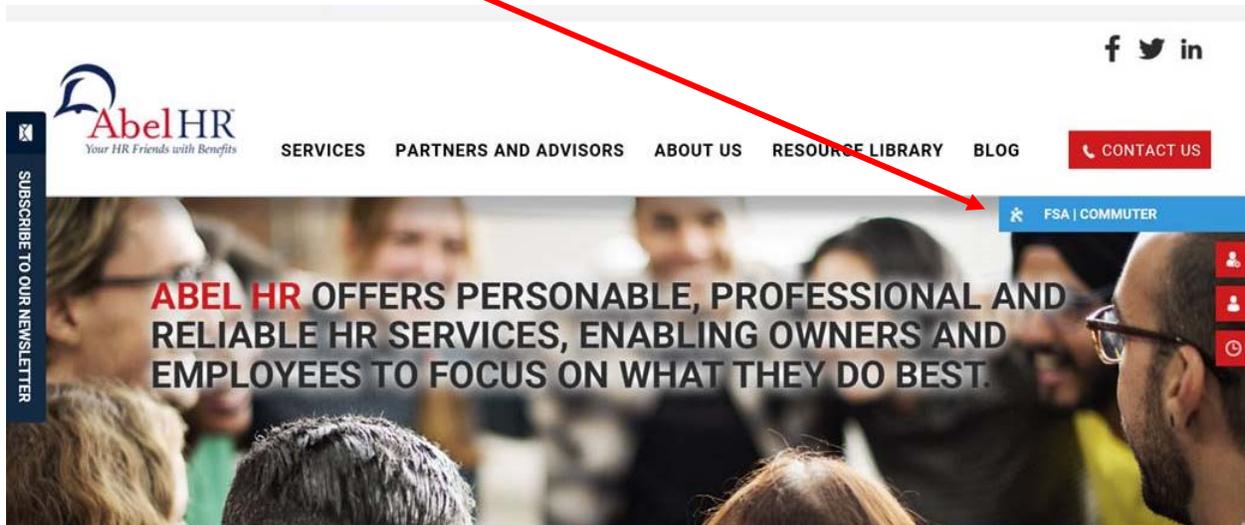
Please scan and email the Completed form to Benefits@AbelHR.com or fax to Abel HR at 609-860-0440.



ENROLLING / CHANGES ONLINE

The following are instructions to access the Abel HR Webpage and to enroll at Businessolver.

1. <https://www.abelhr.com/>
2. Click on the BLUE ICON on the right-hand side of the Web Page
3. When it expands, it reads “**FSA | COMMUTER**”, click here



4. You will be routed to the Businessolver & Abel HR Welcome Page
5. Click on “Register” and enter the following information:
 - **Company Key:** AbelHR
 - **SSN** (123-45-6789)
 - **Date of Birth** (MM/DD/YYYY)
6. Continue to Create Username and Password
7. Contact Businessolver should you encounter any issues while registering online at 844-746-6662

Info Create Confirm Login

Info

Company Key

case sensitive

Social Security Number

123-45-6789

Date of Birth

MM/DD/YYYY

Directions

All fields are required.

If you don't already have your Company Key, contact your benefits administrator.

Cancel Continue >

800-400-1968 • Fax: 609-860-0440 • AbelHR.com
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New Rochelle, NY • Santa Ana, CA