

Commuter Benefits Acknowledgement Form

General Information

Name (First & Last)	
Employee ID	
Company	

Commuter Benefits Acknowledgment Statement

I acknowledge that I have been offered a commuter benefit plan through my employer. I certify that:

1. I have received an offer from my employer to enroll in a qualified commuter benefits plan.
2. I understand that I can receive additional information regarding the commuter benefit plan.

For information on the Commuter Benefits Program, contact:

3. I have been provided information on how to enroll either now, or at a future date, when I choose to take advantage of the benefit.

Employee Signature / Date: _____

Notice of Rights to Complain:

Employees may file complaints regarding potential violations to the D.C. Department of Employment Services. Formal complaints must include: (1) sworn allegation of the employer's failure to provide a compliant transit benefit program, (2) the complainant's name, address, email and phone, (3) pay stubs or relevant documents that demonstrate the violation; and (4) sufficient information to identify the covered employer.

Complaints can be made at (202) 671-1880 or OWH.ask@dc.gov.