



VILLAGE OF OAK LAWN 2026

CTA/Ventra Transit Benefit Program

ENROLLMENT FORM

Employee Name _____ S.S. # _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Marital Status _____ Sex _____

Spouse's Name _____ Spouse's Date of Birth _____

Department _____

CTA/Ventra Transit Benefit Plan

2026 Monthly Tax Free Allowable Limits: \$325 a month

I would like to have the following amount withdrawn from my paycheck before taxes and deposited into my CTA/Ventra Account:

\$ _____ per pay period for **24 pay periods** equaling \$ _____ per calendar year

Transit Account numbers from ventrachicago.com: _____

I understand can make changes to my monthly deduction or cancel my monthly deduction at any time by notifying the HR Department. I also understand that transit benefits are to be used for my transportation to and from work, and cannot be used for my dependents or for personal travel.

Employee's Signature

Date