

Enrollment Information			
<input type="checkbox"/> New <input type="checkbox"/> Reduce Contributions <input type="checkbox"/> Increase Contributions			
Employee Information <i>Please note that we do not share any of your contact information.</i>			
Name:		Employee ID:	
Mailing Address (PLEASE PRINT CLEARLY):			
City:	State:	Zip Code:	
Phone Number w/area code:		Cell Phone w/area code:	
E-mail Address:		Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	
Preferred Reimbursement: <input type="checkbox"/> Check <input type="checkbox"/> ACH (Complete authorization & attach)		I Elect a Debit Card: <input type="checkbox"/> Yes, please issue <input type="checkbox"/> Yes, currently have a card <input type="checkbox"/> No	
Plan Description	Enroll	Payroll Amount	Waive Election
Parking Reimbursement Account Includes all eligible parking expenses. 1. Money you choose to put into this account is only available for reimbursement while you are actively participating. 2. This plan per IRS regulations, as of 2012, will only allow you to be reimbursed \$240 per month. 3. The money you elect to put into this account must only be used for eligible parking expenses for you. 4. This plan per IRS guidelines will only allow you to be reimbursed up to 180 days after the expense was incurred.	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	<input type="checkbox"/> I elect to waive this benefit at this time.
Transit Reimbursement Account Includes all eligible transit expenses. 1. Money you choose to put into this account is only available for reimbursement while you are actively participating. 2. This plan per IRS regulations, as of 2012, will only allow you to be reimbursed \$125 per month. 3. The money you elect to put into this account must only be used for eligible transit expenses for you. 4. This plan per IRS guidelines will only allow you to be reimbursed up to 180 days after the expense was incurred.	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____	<input type="checkbox"/> I elect to waive this benefit at this time.
Employee Signature			
Your Signature X		Date:	
To Be Completed By Employer Only: (Please COMPLETE this section for correct processing of form.)			
Effective Date:		First Payroll:	
Total number of pay dates remaining in plan year:		Comments:	
Employer Signature		Date	