



Election Form

Date: _____
 FAX - # Pages: _____

Company Name: _____

Effective Date of Election: _____ Date of Hire: _____ Salary: _____

Employee Name: _____ SSN: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Enter Deductions Per Pay Period
**Pay Frequency: W=Weekly; B=Biweekly; S=Semi-monthly; M=Monthly*

	Pre-tax Amount Per Pay Period	Pay Frequency* (W, B, S, or M)	First Payroll Date Affected
Mass Transit/Vanpool Reimbursement Account _____ <i>annual election</i>	\$ _____	_____	_____
Parking Reimbursement Account _____ <i>annual election</i>	\$ _____	_____	_____

Remember, when your needs change, FlexTRANSIT does too! You can change your transit elections any time you have a change in status that would alter your parking or transit needs (i.e. parking rate increase/decrease, etc.)

I acknowledge that I am authorizing the company to deduct equal amounts from my paychecks to collect the designated pre-tax column above for qualified transit and parking expenses.

Employee Signature: _____ Date: _____

I elect not to participate in any portion of the FlexTRANSIT plan and do not authorize the company to deduct from paychecks as contribution to this program.

Employee Signature: _____ Date: _____



Please send all completed forms and documentation to:

Flexible Benefit Service Corporation - DC Department
10275 W. Higgins Rd., Suite 500, Rosemont, IL 60018
866-472-0882 – Fax (847) 440-9100
Email: dcinfo@flexiblebenefit.com