



Additions and Terminations

Please keep Flex informed of any changes immediately. Please allow 5 to 7 business days for processing. Flex will not be held responsible for over-payments.

Employer Name: _____

Employee Name: _____	Social Security No.: _____	Date of Birth: _____	Status: <input type="checkbox"/> Addition	Effective Date: _____	<input type="checkbox"/> Termination of Employment Effective Date: _____
				<i>(If benefit termination date is other than employment termination date, please indicate here)</i> → <input type="checkbox"/> Termination of Benefit Effective Date: _____	
Address: _____		City: _____	State: _____	Zip: _____	Phone: _____
Email: _____					
Plan (Check All that Apply)	<input type="checkbox"/> Parking	<input type="checkbox"/> Transit			
Pay Period Deduction	\$ _____	\$ _____			
Pay Period Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	
First / Last Payroll Deduction (Date)	_____		Date of Hire (Additions Only): _____		

Employee Name: _____	Social Security No.: _____	Date of Birth: _____	Status: <input type="checkbox"/> Addition	Effective Date: _____	<input type="checkbox"/> Termination of Employment Effective Date: _____
				<i>(If benefit termination date is other than employment termination date, please indicate here)</i> → <input type="checkbox"/> Termination of Benefit Effective Date: _____	
Address: _____		City: _____	State: _____	Zip: _____	Phone: _____
Email: _____					
Plan (Check All that Apply)	<input type="checkbox"/> Parking	<input type="checkbox"/> Transit			
Pay Period Deduction	\$ _____	\$ _____			
Pay Period Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	
First / Last Payroll Deduction (Date)	_____		Date of Hire (Additions Only): _____		

Employee Name: _____	Social Security No.: _____	Date of Birth: _____	Status: <input type="checkbox"/> Addition	Effective Date: _____	<input type="checkbox"/> Termination of Employment Effective Date: _____
				<i>(If benefit termination date is other than employment termination date, please indicate here)</i> → <input type="checkbox"/> Termination of Benefit Effective Date: _____	
Address: _____		City: _____	State: _____	Zip: _____	Phone: _____
Email: _____					
Plan (Check All that Apply)	<input type="checkbox"/> Parking	<input type="checkbox"/> Transit			
Pay Period Deduction	\$ _____	\$ _____			
Pay Period Frequency	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	
First / Last Payroll Deduction (Date)	_____		Date of Hire (Additions Only): _____		

Invoices are issued by the 10th of each month and the billing period is one month in advance. Additions and terminations received by the 1st of the month will be reflected on the following month's invoice. (i.e. Changes submitted by October 1st will be reflected on the November invoice.)

Signature of Plan Administrator: _____ Date: _____

