



Order Form

Contact Us Today!
www.myflexinfo.com

Date: _____
Fax- # of Pages: _____

Please follow the steps below to thoroughly and accurately complete this form.

Step 1: Personal Information

Company Name: _____

Employee Name: _____ Transit Month(s): _____

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

Phone Number: _____ Email Address: _____

Step 2: Fare Information

Fare Voucher	Dollar Amount	Fee*	Total
Fare Check (Pace, Metra, RTA, CTA)*	\$ _____	+ .50 =	\$ _____
Commuter Check Voucher (Outside Illinois)*	\$ _____	+ .50 =	\$ _____

Fare Voucher	Quantity	Dollar Amount*	Total
CTA Transit Card	x	\$30.00 + .50 per card =	\$ _____
CTA Transit Card	x	\$35.00 + .50 per card =	\$ _____
CTA Transit Card	x	\$50.00 + .50 per card =	\$ _____
CTA Transit Card	x	\$70.00 + .50 per card =	\$ _____
CTA 30 Day Pass	x	\$86.00 + .50 per card =	\$ _____
CTA 30 Day Reduced Fare Pass	x	\$35.00 + .50 per card =	\$ _____
MTA 30 Day Pass	x	\$89.00 + .50 per card =	\$ _____

Total Amount Ordered* = <i>Expenditures are limited to \$230 per month</i>	\$ _____
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*There is a \$10 minimum per order. The CTA, RTA and MTA assess a \$.50 processing fee.

Step 3: Acknowledgement and Signature

I authorize Flexible Benefit Service Corporation to order the above vouchers on my behalf.

Employee Signature: _____ Date: _____

Note: You must fax this form to Flexible Benefit Service Corporation at 847-440-9100 or email to dcinfo@flexiblebenefit.com by the 5th of the month in order to receive your transit pass for the following month.