

Employee Information *(Please print clearly.)*

Social Security # _____ Date of Birth _____

Employer Name _____ Dept/Location _____

First Name _____ Middle Initial _____ Last Name _____

Employee Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ email _____

Help us go green! If provided, we'll use email as our primary method of contact.

Employment Date _____ Plan Effective Date _____
Month Day Year Month Day Year

Employer Information *(Employer to complete the information below.)*

Date of 1st Payroll Deduction _____
Month Day Year

12-Month Plan Year

Employee Plan Effective Date _____
Month Day Year

Short Plan Year

Employee Elections *(Employee to complete the information below; you may not contribute more than the IRS maximums for this year, shown below.)*

| | Annual Election | # of Payroll Deductions | \$ Per Pay Check |
|---|------------------|-------------------------|------------------|
| A. Parking <i>(\$230 monthly maximum)</i> | \$ _____ / _____ | = | \$ _____ |
| B. Parking Post-tax | \$ _____ / _____ | = | \$ _____ |
| C. Mass Transit Pre-tax <i>(\$230 monthly maximum)</i> | \$ _____ / _____ | = | \$ _____ |
| D. Mass Transit Post-tax | \$ _____ / _____ | = | \$ _____ |
| E. Administration Fee (if any) | \$ _____ / _____ | = | \$ _____ |
| TOTALS | \$ _____ / _____ | = | \$ _____ |

No, I do not want to enroll.

Yes, I want to enroll.

Signature _____ Date _____

Direct Deposit Information (Please complete this section if you would like to be reimbursed via direct deposit for all manual claims. **Note: Bus Passes must be purchased with the eflex Card and cannot be reimbursed via Direct Deposit at this time.**)

Employee Information

Employee Name: _____ Social Security Number: _____

Home Telephone: _____ Alternate Telephone (work/cell): _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Name of Employer: _____

Bank Account Information

Bank Name: _____

Bank Address: _____

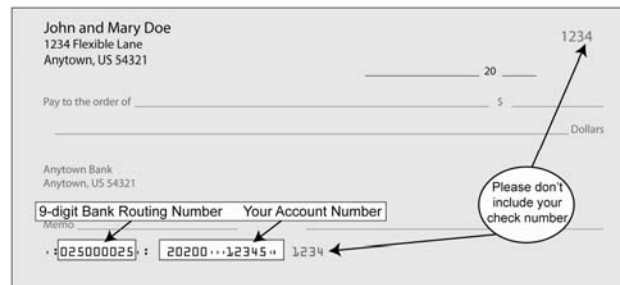
City: _____ State: _____ ZIP: _____

Name on the Account: _____

Routing and Transit Number: _____

Account Number: _____

IMPORTANT: Please provide a voided check for each account listed above. We will not process without a voided check. Do not use a deposit slip as the number could be invalid.



Authorization

I authorize reimbursements from my eflexTransit Plan to be sent to the financial institution named above to be deposited in the designated account.

In the event funds are deposited erroneously into my account, I authorize my Transit Plan administrator to debit my account(s) not to exceed the original amount of the credit.

I also understand that all direct deposits are made through the automated clearing house (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

Signature: _____ Date: _____

Please fax, email, or mail completed form with a voided check to your HR/Personnel Department.