



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: _____
Effective Date of Election: _____ Date of Hire: _____ Salary: _____
Employee Name: _____ SSN: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____ Email Address: _____

Step 2: Enter Deductions Per Pay Period

		Pre-Tax Amount Per Pay Period	Pay Period Frequency (W, B, S or M*)	First Payroll Date Affected
Mass Transit Account	\$ _____ Annual election	\$ _____	_____	_____
Parking Reimbursement Account	\$ _____ Annual election	\$ _____	_____	_____

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.)

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

Step 3: Acknowledgement and Signature

- ☐ 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: _____

OR

- ☐ 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: _____