

# MASS TRANSIT / PARKING ACCOUNT ENROLLMENT APPLICATION

Company Name \_\_\_\_\_

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Hire \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Mass Transit & Parking Reimbursement Plan

Enter **monthly** pre-tax TRANSIT amount up to the monthly maximum of **\$230.00**: \$ \_\_\_\_\_  
If available through your company, enter **monthly** post-tax TRANSIT amount: \$ \_\_\_\_\_

Enter **monthly** pre-tax PARKING amount up to the monthly maximum of **\$230.00**: \$ \_\_\_\_\_  
If available through your company, enter **monthly** post-tax PARKING amount: \$ \_\_\_\_\_

*My employer and I agree that my taxable income will be reduced each pay period by the amounts set forth in this agreement. I understand that I may change my election in the event of certain changes. Prior to the first day of each plan year and at other times in accordance with Plan guidelines, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year. I acknowledge that I have received, read and understand the Summary Plan Description.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## DIRECT DEPOSIT AGREEMENT

Complete all information below. Attach a voided check directly to this section for the account you are authorizing for direct deposit – do not use a deposit slip. Your direct deposit cannot be processed without proper documentation.

Banking Institute Name: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ (9 digit number located on the left side of your check)

Banking Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

I hereby authorize BeneFlex, Inc. (hereinafter BeneFlex) to deposit any amounts (created by manual claims) owed me by initiating credit entries to my account at the financial institution (hereinafter **BANK**) indicated above. Further, I authorize **BANK** to accept and to post any entries initiated by BeneFlex to my account. In the event that BeneFlex deposits funds erroneously into my account at **BANK**, I authorize BeneFlex to debit said account. This authorization is to remain in full force and effect until BeneFlex and **BANK** have received written notice from me of its termination. I further understand that it is my full responsibility to inform BeneFlex within 5 business days via the submission of a **DIRECT DEPOSIT AGREEMENT** of any **BANK** and/or account changes. BeneFlex will charge my account at Bank \$6.00 for any items returned **ACCOUNT CLOSED** or **NO ACCOUNT** by the bank

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## BENEFLEX CONVENIENCE CARD – CARDHOLDER AGREEMENT

The Cardholder Agreement is available for viewing and printing at [www.flexaccount.com](http://www.flexaccount.com) under the BeneFlex Resource Center.

*By signing below I certify that I have read the Cardholder Agreement and that I understand and agree with all of the terms and conditions outlined therein.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_