



TRANSPORTATION BENEFITS ENROLLMENT FORM

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503-885-1888

www.allegianceflexadvantage.com

For Allegiance internal use only:

Group Number: _____ Plan Year: _____

Date Completed: _____ Entered By (initials): _____

Please print CLEARLY and complete ALL fields.

EMPLOYER:		PLAN YEAR (mm/dd/yy – mm/dd/yy): --	
NAME:		<input type="checkbox"/> INITIAL PLAN YEAR ELECTION <input type="checkbox"/> MID-YEAR CHANGE/ADD **Effective Date(mm/dd/yy): _____ (**for mid year adds/changes only)	
MAILING ADDRESS:		SSN:	<input type="checkbox"/> -Male <input type="checkbox"/> -Female
CITY:	ST:	ZIP:	BIRTH DATE (mm/dd/yyyy): <input type="checkbox"/> -Married <input type="checkbox"/> -Single

MASS TRANSIT ACCOUNT ELECTION

PER PAY PERIOD DEDUCTION	★ NUMBER OF PAY PERIODS	TOTAL ANNUAL AMOUNT ELECTED
\$ _____	X _____	= \$ _____

PARKING ACCOUNT ELECTION

PER PAY PERIOD DEDUCTION	★ NUMBER OF PAY PERIODS	TOTAL ANNUAL AMOUNT ELECTED
\$ _____	X _____	= \$ _____

★ PAY PERIODS

52 =WEEKLY 26 =BI-WEEKLY (every 2 weeks) 24 =SEMI-MONTHLY 12 = MONTHLY

Please check with your employer if you are unsure of the number of pay periods used for FSA deductions.

If there is a discrepancy between the "per pay period deduction" amount and the "total annual amount elected," the "per pay period deduction" will be used to enter election amounts in the Allegiance system.

I DECLINE TO PARTICIPATE IN THE MASS TRANSIT AND PARKING ACCOUNTS.

CERTIFICATION (Please read before signing). I certify that these are my benefit elections and that:

1. Reimbursement account claims must be accompanied by documentation of the out-of-pocket expense as explained on the reimbursement request form.
2. I understand that coverage applies only to expenses incurred during participation.
3. I authorize the "before-tax" deduction of a portion of my pay based on the elections above.

Both an employee signature and company authorization is required for enrollment to be completed.

Signed: _____

Date: _____

Company Authorization: _____

Date: _____