ALLEGIANCE
FLEX ADVANTAGE™

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TRANSPORTATION BENEFITS ENROLLMENT FORM (WITH EMPLOYER CONTRIBUTIONS)

Please print CLEARLY and complete ALL fields.

For Allegiance internal use only:

Group Number: _____ Plan Year: _____

Date Completed: _____ Entered By (initials): _____

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

MASS TRANSIT ACCOUNT ELECTION

EMPLOYEE PER PAY PERIOD DEDUCTION		EMPLOYER AMOUNT PER PAY PERIOD		TOTAL AMOUNT PER PAY PERIOD	★ NUMBER OF PAY PERIODS		TOTAL ANNUAL AMOUNT ELECTED
_____	+	_____	=	_____	x _____	=	_____

PARKING ACCOUNT ELECTION

EMPLOYEE PER PAY PERIOD DEDUCTION		EMPLOYER AMOUNT PER PAY PERIOD		TOTAL AMOUNT PER PAY PERIOD	★ 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: _____