

Commuter Benefits Plan Election Form



Participant Information

Employer Name:		Plan Year:
Participant Name:		SSN:
Mailing Address:		Birth Date:
City:	State:	Zip:
Phone:	Email:	
Payroll Cycle:	If new employee, provide eligibility date:	

Pre-Tax Benefit Elections

Commuter Benefits Plan Options:	Pre-Tax Election (per pay period)	Initials
Commuter Transit Account: (up to \$270 per month)		
Commuter Parking Account: (up to \$270 per month)		
Total Pre-Tax Contribution Amount:		

By enrolling in the plan you will receive a take care® Flex Benefits Card to pay for qualified plan expenses. If you would also like to receive a Card for your spouse or dependent (age 18 years or older) you may do so by logging into your account at www.myflexonline.com

Plan Election Agreement

IMPORTANT: Please read the following before signing this enrollment form. My employer and I agree that my taxable income will be reduced each pay period during the year by an equal portion of the benefit elections (selected above) set forth above and that qualified expenses will be paid on a tax-free basis. I understand that I may change my election as set forth in my employer's plan. I acknowledge that I have received, read and understand the Summary Plan Description. I understand that the take care Card is available to pay only qualified expenses and that qualified expenses paid with the card cannot be reimbursed by any other plan and that I will not seek reimbursement for expenses paid with the Card from any other source. I understand that when using the Card I must keep all receipts and that, on occasion, I may be asked for documentation of charges made with my Card. I also understand that if a payment is made that is not for qualified expenses, I will repay my employer for any expenses not repaid by me, and I authorize my employer to deduct the amount from my paycheck (if permitted by state law)

Participant Signature: _____ Date: _____