

**FSADirect QUALIFIED TRANSPORTATION EXPENSE
ENROLLMENT FORM**

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

GENERAL INFORMATION

Group: Plan ID:

Partic. ID#

Name Last First

Address

City State Zip -

Phone () - - E-Mail

Pay Frequency Weekly Bi-Weekly Semi-Monthly Monthly Effective Date

All enrollment elections made on this form are effective for the plan year beginning ___/___/___ and ending ___/___/___.
Return the completed form to your Human Resources department.

QUALIFIED TRANSPORTATION EXPENSE ELECTION

In the spaces provided below, indicate the amount you wish to contribute to the Qualified Transportation Expense Account from each paycheck.

Your Paycheck Deduction: For a list of plan year limits, visit www.flores247.com.

Your Annual Deduction:

PAYROLL AUTHORIZATION

I have read The Policy Statement provided by the above mentioned group and hereby choose to participate as shown above. I agree to a per pay period reduction during the plan year referenced above for the amounts indicated. I further understand the above mentioned group may deduct from my final paycheck any reimbursements made to me by the plan that exceeds my contribution to the plan prior to the termination of my employment with the above mentioned group.

Employee Signature (Void if not signed)

Date