



eflexgroup.com, inc.
Parking Enrollment Form

3001 W. Beltline Hwy., Ste 302 • Madison, WI 53713 • (877) 933-3539 • Fax: (877) 231-1287

Email	
Employer Name	
Employee Name	
SS#	
Address	
City, State, Zip	
Phone #	

TRANSPORTATION BENEFIT OPTIONS

Parking (Maximum \$180 per month) =
(per month)

NOTE: *Account Elections must be set up prior to the Plan Year start and CANNOT be changed without an eligible change in status once the Plan Year begins.*

Parking Spending Account Election

I authorize my employer to deduct the following amount on a pre-tax basis from my paycheck each pay period to be applied to the Parking Spending Account:
(Maximum Monthly Qualified Parking Expenses Allowed is \$180.00)

X =
(Amount per pay period) X (Pay Periods) = Plan Year Total

Authorization and Agreement

I have read the information describing the Commuter's Expense Reimbursement Plan and agree to follow the terms of the Plan Document. I recognize I must submit proper documentation (receipt listing name & address of who rendered the service, description of charge, and date & amount of charge) with a Claim Form to the Plan Administrator for the reimbursement of these qualified expenses, as determined by the Internal Revenue Code. I understand that I will have a 90-day grace period in which to submit qualified expenses following the close of the Plan Year or upon termination of participation.

Please **date** and **initial** the following boxes:

Effective Date:

Effective Payroll Date: