

Transportation & Parking Reimbursement Account: Enrollment, Change, Termination Form



EMPLOYER:		GROUP NUMBER:	
EMPLOYEE INFORMATION			
LAST NAME:		FIRST NAME:	MI:
ID #/SSN:		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
EMPLOYEE ADDRESS: <input type="checkbox"/> Please check if this is a change in address			
STREET ADDRESS:			
CITY:		STATE:	ZIP:
E-MAIL ADDRESS:		FAX NUMBER:	
HOME PHONE:		WORK PHONE:	
ELECTION			
I ELECT THE FOLLOWING:	Amount Per Pay Period	Monthly Maximum	Coverage Period (mm/dd/yyyy)
Transportation Reimbursement Account	\$	\$ 255	
Parking Reimbursement Account	\$	\$ 255	
<input type="checkbox"/> I elect to cease participation in the Plan. I understand that my Employer will cease my payroll deductions for the Plan as soon as administratively possible. (Sign below where indicated) in the Plan. I understand that my Employer will cease my payroll deductions for the Plan as soon as administratively possible. (Sign below where indicated)			

AUTHORIZATION
<p>I understand that, by making the above election for coverage, the cost for the coverage that I elect will be deducted from my compensation on a pre-tax basis. Any previous election and Agreement under the Plan relating to the same Benefits, including any prior Election Form, is hereby revoked.</p> <p>I understand that I cannot change or revoke this Agreement as of any date prior to the next month, except that my election will be revoked upon my termination of employment or cessation of eligibility for other reasons. However, I understand that I can revoke my election and make a new election by submitting a new Election Form prior to the first day of the next monthly period.</p>

EMPLOYEE SIGNATURE (Required)

DATE

Managing your reimbursement account has never been easier! For instant access to your account, register with My SmartCare's online portal at <https://www.mywealthcareonline.com/bccsmartcare/> or download the free My SmartCare mobile app from your Apple or Android device.

TO BE COMPLETED BY EMPLOYER				
Payroll Frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Weekly
First Payroll Date of Election Change:				