



**TRANSPORTATION BENEFITS
ENROLLMENT FORM**
(EMPLOYER CONTRIBUTIONS)

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www.askallegiance.com

Please print clearly

EMPLOYER:			DIVISION:			
SSN:			<input type="checkbox"/> OPEN ENROLLMENT <input type="checkbox"/> NEW HIRE <input type="checkbox"/> CHANGE* EFFECTIVE DATE (mm/dd/yy):			
NAME:			BIRTH DATE (mm/dd/yyyy):			
MAILING ADDRESS:			PHONE:		<input type="checkbox"/> M	<input type="checkbox"/> Married
					<input type="checkbox"/> F	<input type="checkbox"/> Single
CITY:		STATE:	ZIP:	EMAIL:		

If you have not already signed up for direct deposit, it's easy. Visit the Allegiance flex website www.askallegiance.com.

TRANSPORTATION BENEFITS ELECTION AUTHORIZATION

PLAN/ACCOUNT TYPE	PRE-TAX ELECTION PER PAY PERIOD	+	POST-TAX ELECTION PER PAY PERIOD	=	TOTAL AMOUNT PER PAY PERIOD	x	NUMBER OF PAY PERIODS	=	TOTAL ANNUAL AMOUNT ELECTED
MASS TRANSIT	_____	+	_____	=	_____	x	_____	=	_____
PARKING	_____	+	_____	=	_____	x	_____	=	_____

♦ PAY PERIODS - 52 = WEEKLY 26 = BI-WEEKLY (every 2 weeks) 24 = SEMI-MONTHLY 12 = MONTHLY

The "Total Annual Amount Elected" will be used to enter election amounts in the Allegiance system.

I Decline to Participate in the Mass Transit and Parking Accounts

DEBIT CARD ELECTION AUTHORIZATION (IF OFFERED BY YOUR EMPLOYER)

- Yes, I would like the flex debit card for the current plan year. *Please provide an email address to receive debit card communications via email.*
- Yes, I would like a card for my spouse. Check only if your employer allows spouse cards.

Name of spouse: _____ SSN: _____ Birth date: _____

BY ELECTING THE FLEX DEBIT CARD:

1. I may only use the card to pay for eligible expenses and will acquire and provide all requested documentation for those expenses.
2. I may not seek reimbursement under any other plan for expenses paid with the card.
3. I have been provided an explanation of the fees associated with the debit card.

CERTIFICATION I certify that these are my benefit elections and that :

1. I authorize the "before-tax" deduction of a portion of my pay based on the elections above.
2. Reimbursement account claims must be accompanied by documentation of the out-of-pocket expense as explained on the reimbursement request form.
3. I understand that coverage applies only to expenses incurred within the plan year and during my period of employment.

Both an employee signature and company authorization are required for enrollment to be completed.

Signed: _____ Date: _____

Company Authorization: _____ Date: _____

For Allegiance use only

Group Number: _____ Date Completed: _____ Entered By (initials): _____