



Company Name: _____

Enrollment Activity

New Hire/Open Enrollment Re-Hire

Mid-Year Change Activity

Change of Status/Election Termination

Reason for Change (i.e. Divorce, Marriage, Birth, etc.): _____

Effective Date

Effective Date (required for processing): ____/____/____
MM DD YEAR

For FSA/DCA/Commuter – OCA will assume first pay following effective date as when payroll deductions will begin or end, unless otherwise noted.

Employee Information

Name (First/MI/Last):

Social Security #:

Mailing address:

City:

State:

Zip Code:

Gender: Male Female

Contact Phone #: (____)____-____ Cell Home Work

Date of Birth: ____/____/____
MM DD YEAR

Email Address: _____
 .com .edu .net .org .us

Commuter Elected Coverage(s)

Parking: Monthly Contribution \$ _____ Add Change Term Waive

Transit: Monthly Contribution \$ _____ Add Change Term Waive

Employee Enrollment Authorization – REQUIRED FOR PROCESSING APPLICATION

I hereby certify that the information provided throughout to be correct and true to the best of my ability. I also understand that the purpose of this program is to allow employees to select their qualified benefits within the guidelines of the Internal Revenue Code. By signing this form I am indicating which benefits I am electing. Lastly, I have read or been made aware that I may request from my Employer the Summary Plan Description (SPD) which contains the Plan information summary. This election form will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are consistent with a change in status or Qualifying Life Event as listed on the Status Change Matrix contained within the SPD.

Employee Signature: _____

Date: _____

HR or Designated Signatory – REQUIRED FOR PROCESSING APPLICATION

Authorized Signature: _____

Date: _____