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): ____/_____/_____   *For FSA/DCA/Commuter – OCA will assume first pay following effective*
                                          MM   DD   YEAR   *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: ____/_____/_____   Email Address: _____
                   MM   DD   YEAR   □ .com   □ .edu   □ .net   □ .org   □ .us

Commuter Elected Coverage(s)

Parking: <u>Monthly</u> Contribution $_____   □ **Add** □ **Change** □ **Term** □ **Waive**

Transit: <u>Monthly</u> 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: _____