



Complete this form and return it to your human resources representative

**Employee Information**

Employer Name \_\_\_\_\_  
 Employee Name \_\_\_\_\_ Account Number / SSN \_\_\_\_\_  
 Street Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

Do you want to know if CONEXIS received and processed your claim? Please provide your e-mail address:

E-mail Address \_\_\_\_\_

**Elections** (Additional plan information can be found at [www.conexis.org](http://www.conexis.org))

**Parking Expense Reimbursement Account**

- I elect to participate \$\_\_\_\_\_ per pay period x \_\_\_\_\_ remaining pay periods = \$\_\_\_\_\_ Plan Year Total
- I elect to waive coverage

*Cannot exceed statutory limit - \$215.00 per month*

**Employee Certification**

- This election can only be changed or revoked for future periods of coverage provided that change is made before the period to which it relates.
- This election will automatically be cancelled, if necessary, to comply with the provisions of the Internal Revenue Code or if required benefit contributions increase or decrease
- Salary contributions into one reimbursement account cannot be transferred and used for expenses in any other account.
- A new enrollment form must be completed prior to the start of the Plan Year. If I do not complete and return a new enrollment form during Open Enrollment, this election will cancel.
- Social Security (FICA) tax is not being withheld on the amount of my salary reduction under this agreement.
- If I cease to participate in the plan, amounts remaining in the account after eligible reimbursements will be forfeited.



\_\_\_\_\_  
 Employee Signature Date

For Employer Use Only					
Company Name	Division	Effective Date	Pay Cycle	Entered in Payroll	Initial