

# PayFlex™ Parking Reimbursement Account Enrollment Form

New Enrollment       Annual Re-enrollment       Change       Check Here if New Address

(Please Print)

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name \_\_\_\_\_  
(Last) (First) (MI)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

Employer Name \_\_\_\_\_ City of Lincoln \_\_\_\_\_ Location \_\_\_\_\_ # of Pay Periods Annually 26

Yes, I wish to participate in the PayFlex Parking Compensation Program. I elect to contribute the amounts indicated below, during the **Plan Year November 1, 2009, through October 31, 2010.**

	Pay Period Deduction	Total Annual Deduction
Parking Reimbursement Account	\$ _____	\$ _____

I agree that the amount(s) shown above as TOTAL BEFORE-TAX DOLLARS may be deducted from my salary and deposited in my Parking Reimbursement Account. I understand that I will be reimbursed with before-tax dollars from my account for expenses eligible under Section 132 of the Internal Revenue Code.

I am also electing to utilize the mbi Flex Convenience Card to have claims paid by PayFlex from my Plan Account. I understand that by utilizing the mbi Flex Convenience Card for payment of claims that I am not authorized to exceed the amount designated in my Plan account for payment of claims. By executing this Agreement, I further understand that in the event my use of the mbi Flex Convenience Card results in a charge being paid for non-Qualified expenditures, the City of Lincoln is authorized to deduct from my paycheck the amounts necessary to repay any charges paid for nonqualified expenditures or claims paid in excess of my annual plan contribution.

I have been offered the opportunity to enroll in the PayFlex Section 132 Plan of Parking Reimbursement, and do not wish to enroll at this time.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Work Phone \_\_\_\_\_

## Complete Section Below For Direct Deposit Only

### Pre-Authorization For Direct Deposit

I authorize PayFlex Systems USA, Inc. to initiate a credit and/or debit entry to my account for my PayFlex reimbursements. This agreement is to remain in full effect until written notification is supplied by me terminating this agreement.

**“VOIDED” CHECK MUST ACCOMPANY DIRECT DEPOSIT APPLICATION.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Please Print)

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