Transportation Enrollment Form

(Please complete this form and return it to your Human Resource Department)
Please note: Admin fee of $7.50/month will be applied when enrolling in plan.

1 Personal Information

Employee Name (First Name, Last Name) | Company Name

Street Address | City | State | Zip Code | Social Security Number

Employee Phone Number | Date of Birth | Date of Hire (Required) | Email Address (Required to receive e-mail communications)

2 Benefit Election

Enrollment Effective Date: (Required) _____

☐ Transportation Passes (Maximum: $350/Month) $ _____ Per Month

3 Debit Card (Transportation Expenses Only)

☐ I already have a card and will continue to use it.

☐ I am new to the Plan – please send me a card

You will receive 1 card in your name.

For replacement cards, card fees and/or additional dependent cards please contact HR or visit our website at my.nbsbenefits.com

4 Information

Elections and payroll deductions must be made prior to services being provided. For example, elections for October must be made prior to September 15th. Reductions from your gross pay in October for Transit will be in your November Transit Check at the end of October.

The monthly amount you elect will be deducted from your paycheck based on your employer's pay cycle to ensure each month is fully covered. Once you make your elections, they will remain in effect and continue automatically until you notify the Company that you wish to terminate your Transportation Benefit.

5 Direct Deposit Request

☐ Checking Account
☐ Savings Account

Your Financial Institution

Financial Institution Address

Account Number | Routing Number

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature | Date

6 Employee Signature

I hereby authorize the appropriate payroll reductions as my contribution(s) to the Transportation\Parking Plan until changed by me in writing. I recognize that such payroll reductions shall be adjusted automatically in the event of a change in the benefits I have selected.

Employee Signature | Date

P.O. Box 219393, Kansas City, MO 64121-9393 • (855) 399-3035 • my.nbsbenefits.com