



# FLEXIBLE BENEFITS PLAN ENROLLMENT — TRANSPORTATION AND PARKING

State of Tennessee • Department of Finance and Administration • Benefits Administration  
26th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243 • 615.741.3590 or 1.800.253.9981 • Fax: 615.741.8196

Complete this form only if you wish to participate in the transportation or parking flex accounts.

EMPLOYEE INFORMATION			
Last Name	First Name	Middle Initial	Social Security Number
Home Address		City	State
Department Name		Dept ID / Budget Code	Employee ID (if known)
Work Phone	Payroll Frequency (paychecks per year) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> Other _____	Enrollment Status <input type="checkbox"/> Enroll <input type="checkbox"/> Change Deduction <input type="checkbox"/> Stop Account	

REIMBURSEMENT ACCOUNT ENROLLMENT
Indicate the amount you wish to contribute to a reimbursement account through tax-free salary reduction by completing the sections below. If you have questions, contact your personnel office for additional literature or you may call 615.741.3131.

Transportation Reimbursement Account	Parking Reimbursement Account
Maximum allowable contribution is \$125 per month	Maximum allowable contribution is \$240 per month
Monthly Payroll Deduction: If you are paid semi-monthly, this amount will be divided between your paychecks.	Monthly Payroll Deduction: If you are paid semi-monthly, this amount will be divided between your paychecks.
\$ _____	\$ _____

AUTHORIZATION	
<ul style="list-style-type: none"> <li>• Transportation and Parking Accounts do not have an annual enrollment period. I understand the amount selected will remain in effect until I either change the elected amount or notify Benefits Administration to terminate my account.</li> <li>• I hereby authorize my employer to reduce my gross salary before federal, state and social security taxes are calculated by the total amount of annual salary reduction indicated above. I understand that the amount of salary reduction will include the items specified above and will continue in effect unless I file a change in deduction.</li> <li>• I understand that on June 30, any remaining balance from the previous year will automatically roll into an active account of the same type. If there is not a current account, remaining balances from the previous year will be forfeited.</li> <li>• I understand and agree that the state will not incur any liability resulting from either my participation in or my failure to accurately complete this enrollment application.</li> </ul>	
Employee Signature	Date Signed

Return this application to your human resource office after making a copy for your records.  
For questions regarding enrollment, please call Benefits Administration at 615.741.3590 or 1.800.253.9981.  
For questions regarding reimbursement requests, please call the Department of Treasury at 615.532.3170 or 1.877.681.0155.