

2024 IRS Maximum:

Mass Transit -
\$315.00/monthly

Parking -
\$315.00/monthly



2024 COMMUTER FSA ENROLLMENT/CHANGE FORM

I. Account Holder Profile Information

Important: Bank verification protocols require you to have a valid e-mail address and an active phone number when opening FSA/HSA. Additionally, P.O. Box are not considered as a valid address.

| | | |
|--------------------------|----------------|-------------------------|
| First Name: | Last Name: | SSN (last four digits): |
| Date of Birth: | Email Address: | |
| Mailing Address Line 1: | | |
| Mailing Address Line 2: | | |
| City: | State: | Zip: |
| Home Phone: | Cell Phone: | |
| Employer (Company Name): | | |

II. Election

I authorize my employer to make the following pre-tax deductions from my paycheck according to the elections I have chosen below. I understand that I cannot change my election during the plan year unless I request it in writing and my employer allows it. Expenses must be incurred within the plan year that I'm seeking reimbursement from. If I do not utilize all the monies set aside in this account, then this amount will roll over to the next plan year. My Social Security benefit may be reduced by this election. I understand that this benefit is only to be used for my parking/transit expenses to and from work, and that any expenses for my spouse/dependents are not eligible under these plans.

| | |
|--|---|
| Benefit Month Effective Date: __/__/__ | Please Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Per-Paycheck Deduction <input type="checkbox"/> Stop Deduction |
|--|---|

- Notes:**
- Please select "Change of Per-Paycheck Deduction" if you wish to increase, decrease, or temporarily pause your contributions.
 - Select "Stop Deduction" if you want to stop your contribution indefinitely for the rest of 2023.

| | |
|---------------------------------|--|
| iSolved Infnisource TRANSIT FSA | Monthly Election: \$ (Maximum is \$315.00 per month for 2024) |
| iSolved Infnisource PARKING FSA | Monthly Election: \$ (Maximum is \$315.00 per month for 2024) |

IV. Authorization

| | |
|---|-------------|
| Signature: _____ | Date: _____ |
| **Please return this form to Aspen HR (benefits@aspenhr.com) for approval. ** | |

iSolved Benefit Services

Customer Service Line: **(800)-300-3838**
Customer Service E-mail: **FSA@isolvedhcm**
Know Your Benefits! **<https://www.isolvedbenefitservices.com>**

Email: benefits@aspenhr.com

Website: www.aspenhr.com

Address: 1676 N California Blvd, Ste 400, Walnut Creek, CA 94596