



TRANSPORTATION ACCOUNT ENROLLMENT FORM

Complete and return to your employer

Group Information

Group Name: _____ SelectAccount Group Number: _____

Location Name (if applicable): _____

Employee Information

SSN#: _____ Date of Birth: ____/____/____

Last Name: _____ First Name: _____ Middle Initial _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ *Email Address (Required): _____

Account Information

Parking – Plan year month maximum of \$260.00

Transit/Vanpool – Plan year month maximum of \$260.00

Benefit Month Start Date: _____ (To be provided by Group Contact)

Helpful Tips:

- TRA benefits must be purchased online by the 4th of the month for the following month.
- ***Email address and Online Member Service Center registration is required.**
- Online purchases will be deducted from my pay each month.
- **After enrollment is setup, an email confirmation will be sent to you on how to order your TRA benefits.**

Signature

I agree that I am enrolling in a SelectAccount Transportation Reimbursement Account. I understand I need to log into the Online Member Service Center to complete my order by the 4th of the month for the following month's benefit.

Signature _____ Date _____

Employers save time: enter this information online. Sign into your account at SelectAccount.com. Questions? Call Group Leader Services at (651) 662-2320 or 1-888-460-4013.

Send via secured email only:
SelectAccount.documents
@SelectAccount.com

Fax to:
651-662-7247
866-231-0214

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