

PARKING CONVERSION OR REIMBURSEMENT PLAN
Enrollment Form
EMPLOYEE INFORMATION

Please print or type

NAME:	Last	First	MI
ADDRESS:	Street	City	State Zip
Date of Hire:		Effective Date:	
COMPANY:	The County of El Paso Texas	SSN#	
PHONE:	()		

Please check if this is a new address.

Courthouse
 Monthly Parking Fee: _____

MDR (Diversified Parking lot)
 Monthly Parking Fee: _____

Reimbursement (BLK Parking lot)
 Amount to be deducted per pay period: _____

EMPLOYEE ELECTION

I hereby **elect** **decline** to participate in Parking Plan agreeing to be bound by all the terms, conditions and limitations of the Plan and any and all separate plans, contracts and documents made a part thereof. I agree to have my gross salary reduced by the amount of the cost of my parking expenses. I understand that this amount will not be subject to Social Security or federal income tax withholding, which may result in a reduction of future Social Security benefits to which I may be entitled.

 Signature of Employee

 Date

HealthSCOPE Benefits
 P. O. Box 350
 Little Rock, AR 72203