



# TRANSPORTATION ACCOUNT ENROLLMENT FORM

Complete and return to your employer

Group Information	
Group Name: _____	Further 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 \$270.00	
Transit/Vanpool – Plan year month maximum of \$270.00	
Benefit Month Start Date: _____ (To be provided by Group Contact)	
Helpful Tips:	
<ul style="list-style-type: none"><li>• TRA benefits must be purchased online by the 4<sup>th</sup> of the month for the following month.</li><li>• <b>*Email address and Online Member Service Center registration is required.</b></li><li>• Online purchases will be deducted from my pay each month.</li><li>• <b>After enrollment is setup, an email confirmation will be sent to you on how to order your TRA benefits.</b></li></ul>	
Signature	
I agree that I am enrolling in a Further Transportation Reimbursement Account. I understand I need to log into the Online Member Service Center to complete my order by the 4 <sup>th</sup> of the month for the following month's benefit.	
Signature _____	Date _____

Employers save time: enter this information online by signing into your account at [hellofurther.com](http://hellofurther.com). Questions? Call Group Leader Services at 1-888-460-4013.

**Send via secured email only:**  
[further.documents@hellofurther.com](mailto:further.documents@hellofurther.com)

**Fax to:**  
866-231-0214

**Mail to:**  
PO Box 982814  
El Paso, TX 79998-2814