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Flexible Spending Account Enrollment Form

Section I. Employer/Employee Information PLEASE PRINT

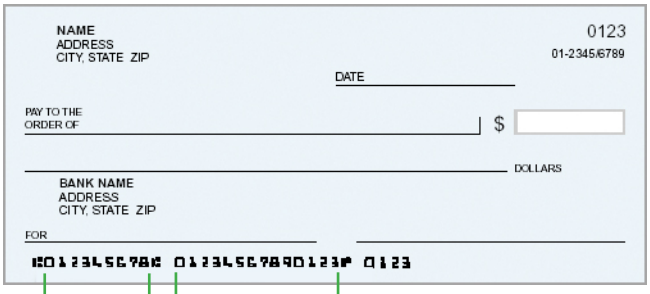
Employer Name:	Group Number:	Employer Location (if applicable):
Village of Oak Park	A09105	

Employee Name:	Employee SSN:

- You must activate your account on www.alliedbenefit.com in order to receive an email notification each time a claim is processed.
- Since you will no longer receive paper claim checks in the mail with account balance information, this information will be available via our secure website www.alliedbenefit.com.
- When Allied processes a claim, the funds will be deposited 4-6 days following the processed date shown on the website.
- If your bank name, bank routing number, and/or your bank account number has changed, please inform Allied of this change immediately.
- In the event that your banking information has changed and a claim is processed, a manual check will be processed for reimbursement and you will be asked to submit updated information.

PLEASE NOTE WE MUST RECEIVE A VOIDED CHECK IN ORDER TO SET UP YOUR ACCOUNT

PLEASE ATTACH VOIDED CHECK HERE.
PLEASE NOTE THAT DEPOSIT SLIPS CANNOT BE ACCEPTED



Your 9-digit bank ABA routing number

Your bank account number

Section II. Bank Information

Bank Name:	Bank Account Type: ☐ Checking ☐ Savings

Bank Routing Number:	Bank Account Number: