

CITY OF SAN JOSE

Direct Deposit Enrollment Form

The CITY OF SAN JOSE is proud to offer a menu of valuable benefits to all eligible employees. For Flexible Spending Account (Cafeteria Plan) participants, your service options include the ability to have your medical and day care reimbursements deposited directly into your checking accounts.

To enroll in the DIRECT DEPOSIT FLEXIBLE SPENDING ACCOUNT option, all portions of this form should be completed and returned to Provest Flexible Benefits (formerly New Liberty Administrators) as indicated below. Please retain a copy of the completed form for your records.

If at a later date, as a direct deposit enrollee, you choose to cancel direct deposit, please contact Provest Flexible Benefits office directly, in writing. (Allow ten business days to process.)

Information required from you (please print):

Your name: _____

Your social security number: _____ - _____ - _____

Complete for Direct Deposit (please print)

I would like my Flexible Spending Account reimbursements deposited to the following bank account:

Bank Account: Checking Savings

Bank Name: _____

Please attach one of the following (check one):

Voided Check (deposit slips are not acceptable)

Bank Letter or Specification Sheet (please see your local bank representative)

Your (employee) signature _____ Date ____/____/____

Your email address _____@_____ Telephone _____ - _____ - _____

Visit us at www.provest.com

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This form is for use in California.

Form CC-9908

PROVEST FLEXIBLE BENEFITS

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