



The Hertz Corporation Election Form

Enrollment Activity								
□ New Hire/Open Enrollment	□ Re-Hire							
Effective Date								
Effective Date// MM DD YI	EAR							
Employee Information								
Name (First/MI/Last):			Employee	ID #:				
Mailing address:								
City:		State:					Zip Code:	
Gender:	e 🗆 Female	Contact Phone #:	()_	-		□ Cell	I □ Home □	Work
Date of Birth:/	DD YEAR	Email Address:	□ .com	□ .edu	□ .net	□ .orţ	g □.us	
Commuter Elected Coverage(s)								
Parking: <u>Mon</u>	thly Contribution	\$			□ Add	□ Cha	ange □ Term	□ Waive
Transit: Mon	thly Contribution	\$			□ Add	□ Cha	ange □ Term	□ Waive
Employee Enrollment Authorization – REQUIRED FOR PROCESSING APPLICATION								
I hereby certify that the information provi- employees to select their qualified benef- have read or been made aware that I ma	its within the guidelines of the	e Internal Revenue Code	By signing th	nis form I am ir	ndicating which	n benefit	ts I am electing. L	
Employee Signature:			Date:					