Please Note: there should be no punctuations in the social security, zip code or phone fields.

								Issue AmeriFlex		Per Deduction	Per Deduction Dependent Care	Per Deduction	Per Deduction	
SSN (No Dashes)	Last Name	First Name	Address	City	ST	Zip (No Dashes)	PHONE (No Punctuations)	Convenience Card (Y/N)	Medical FSA Pre-fund Amount	Medical FSA Contribution	FSA Contribution	Transit Contribution	Parking Contribution	HRA Pre-fund Amount
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