

TRANSPORTATION BENEFIT

- Enrollment
 Change



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SECTION I: CURRENT ENROLLMENT INFORMATION

For changes, please write old information in this section, and then write new information in Section II.

Benefit elections should reflect reductions to be made through the end of the current plan year with an exception in the case of a qualified change of status.

Employer name:		Effective date:	
Division/class:			
Employee name:		Date of birth:	
Mailing address:	City:	State:	Zip:
Home phone:	Work phone:		
Email address:	Member ID (if known):		
Beneficiary:			
I request the following reductions be made per period:		Parking \$	Transportation \$
<input type="checkbox"/> The employer is contributing to the employee's account(s).			

SECTION II: CHANGE INFORMATION

Please write new information

Employer name:		Effective date:	
Division/class:			
Employee name:		Date of birth:	
Mailing address:	City:	State:	Zip:
Home phone:	Work phone:		
Email address:	Member ID (if known):		
Beneficiary:			
I request the following reductions be made per period:		Parking \$	Transportation \$

EMPLOYEE SIGNATURE

I certify that the above information is correct and true to the best of my knowledge. The above amounts may only be changed due to a qualifying event and during the open enrollment period. I understand that any amounts remaining in my account at the end of the plan year will be rolled into the next plan year. Upon termination, unused funds will be forfeited in accordance with Section 132 regulations. I also understand that the above reductions may correspondingly reduce my future social security benefits.

Employee signature: _____ Date: _____

Participant: Return original to your employer and retain a copy for your records.
Employer: Forward a copy to PacificSource Administrators.