

TRANSPORTATION BENEFIT PLAN CHANGE FORM

For the Plan Year _____ to _____

Name _____ Social Security # _____

Street Address _____

City _____ State _____ Zip Code _____

I authorize my employer to make the following *changes* to my Transit Pass Reimbursement Account:

Transit Pass Reimbursement Account

I elect to have \$ _____ per month reduced from salary before taxes to reimburse me for eligible transportation expenses. Reimbursement from this plan is limited to:

- ◆ Park-n-ride, transit passes - \$110 per month (2007 limit)

I would like this change to be effective on _____

I would like to cancel my participation in the Transit Pass Reimbursement Account on _____

I authorize my employer to make the following *changes* to my Parking Reimbursement Account:

Parking Reimbursement Account

I elect to have \$ _____ per month reduced from salary before taxes to reimburse me for eligible transportation expenses. Reimbursement from this plan is limited to:

- ◆ Parking - \$215 per month (2007 limit)

I would like this change to be effective on _____

I would like to cancel my participation in the Parking Reimbursement Account on _____

Signature _____ Date _____

To Be Completed by Employer

Accepted by _____ Date _____