



TRANSPORTATION PARTICIPANT CHANGE FORM

PLAN INFORMATION

EMPLOYER NAME _____ PLAN YEAR _____

EMPLOYEE INFORMATION

Please provide information as it currently appears on your account.

SOCIAL SECURITY NUMBER _____

FIRST NAME _____ LAST NAME _____

NAME CHANGE

FIRST NAME _____ LAST NAME _____

ADDRESS/PHONE/EMAIL CHANGE

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ E-MAIL¹ _____

¹ **Email:** By providing your email address you agree to receive Employee Benefit Plan correspondence electronically. Planned Benefit Systems, Inc. does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@pbs.us.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the PBS, Inc. Customer Service Department or by visiting our website at www.pbs.us.com. Select *Tax-Advantaged Plan Administration*, then *Account Information* under the Participants section and then log in under *Participant Login*. PBS, Inc. reserves the right to utilize an email address that may be provided to us by your employer.

ELECTION CHANGE

REQUIRES EMPLOYER APPROVAL AND SIGNATURE

MASS TRANSIT SPENDING ACCOUNT

- Terminate** participation in plan
- Change** deduction amount to \$ _____ per pay check

PARKING SPENDING ACCOUNT

- Terminate** participation in plan
- Change** deduction amount to \$ _____ per pay check

*Check our website for the IRC section 132(f) annual maximum monthly benefit amount.

EMPLOYEE AUTHORIZATION

I hereby authorize my employer to make the changes as indicated above.

SIGNATURE _____

DATE _____

This form must be returned to your employer

FOR EMPLOYER USE ONLY

DIVISION / LOCATION NAME _____ PAYROLL EFFECTIVE DATE _____

NEW MASS TRANSIT DEDUCTION AMT _____ NEW PARKING DEDUCTION AMT _____

APPROVAL SIGNATURE: _____ DATE: _____

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