



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@cci-pbs.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.cci-pbs.com. Select *Planned Benefit Systems*, then *Account Information* under the Participants section and then log in under Employee and Cardholder 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

| <u>MASS TRANSIT SPENDING ACCOUNT</u> | <u>PARKING SPENDING ACCOUNT</u> |
|--|--|
| <input type="checkbox"/> Terminate participation in plan | <input type="checkbox"/> Terminate participation in plan |
| <input type="checkbox"/> Change deduction amount to \$_____ per pay check | <input type="checkbox"/> Change deduction amount to \$_____ per pay check |
| The IRS 2008 monthly maximum is \$115*. | The IRS 2008 monthly maximum is \$220*. |

*Monthly Maximums are subject to change consistent with IRS Section 132(f).

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: _____