



Please return to your Human Resources
Department

Commuter Reimbursement Change Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Employer: _____

Last Four Digits of Your Social Security Number _____

Phone: () _____ E-mail: _____

If your address has changed please list the new address below.

New Address: _____

City, State, Zip _____

Change Detail

Parking Account Change - Effective the Payroll Date Starting: _____

Change From: _____ Change To: _____

Transit Account Change - Effective the Payroll Date Starting: _____

Change From: _____ Change To: _____

Change Certification

By signing below I certify that I understand the following:

1. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit elections for the following plan year. If I do not complete and return a new election form at that time my Transit or Parking account will not be renewed
2. This agreement is subject to the terms of the Company's Transportation Plan, shall be governed under applicable laws, and revokes any prior election and Taxable Compensation Redirection Agreement relating to such plan.

Employee Signature: _____

Date: _____