

CHANGE FORM COMMUTER BENEFIT PLAN

(PLEASE PRINT CLEARLY)

245 Kenneth Drive Rochester NY 14623-4277

www.BenefitResource.com

Phone: (800) 473-9595

EMPLOYER:		
EFFECTIVE DATE OF CHANGE: / /		
A. EMPLOYEE INFORMATION		
Member ID:		
Employee Name: (Last)	(First)	(MI)
Home Address: (Street)		(Apt #)
(City)	(State)	(Zip Code)
Home Phone #: Birth Date: / /		
Hire Date: / / Emp	loyee Status (please check one): Full-Tim	ne Part-Time
Email Address:(Note: Benefit Resource, Inc. will only use your email address to communicate with you regarding your plan.)		
B. COMMUTER BENEFIT PLAN (CBP) ACCOUNTS Please enter any changes in CBP election(s) below.		
Please enter your <i>new</i> CBP election(s):		ly Election
C. ELECTION CHANGE INFORMATION Please check applicable event(s).		
Reason for Change (check all that apply): Participant's termination of employment Change in work schedule Change in monthly CBP expenses Change in residence or worksite Open Enrollment Other	Type of Change (check all that apply – do no Parking Mass Transit Increase monthly election Decrease monthly election Stop deduction (account Close account (account	ion tion
D. EMPLOYEE CERTIFICATION Return signed form to your employer.		
 By signing and submitting this change form, I authorize all changes as indicated above and understand that any changes must be permissible under Internal Revenue Service (IRS) regulations as defined in the plan. I also understand that any expenses paid under this plan must be eligible workplace commuting expenses as governed by IRS regulations and must not be reimbursed from any other source. I authorize the amount(s) above to be deducted from payroll as indicated and also authorize any necessary advance on salary deduction (as described herein). If I use the Prepaid Mastercard[®] ("Card"), I agree to use it only for eligible plan expenses and to be bound by all provisions of the Cardholder Agreement sent to me with my Card. Furthermore, I understand that if my Card is used for expenses other than those defined in the plan or if I violate the terms of the Cardholder Agreement, my account may be suspended and I will reimburse the plan for the expenses. I also agree to have any non-approved expense and/or applicable replacement card expense deducted from my paycheck on an after-tax basis as an advance on salary. I understand that Federal law requires all financial institutions to obtain, verify and record information that identifies each person with an account. I also understand that I may be required to provide identifying information (e.g. Member ID, address and date of birth) when making inquiries about my Card. I understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law. 		
Signature:		Date://
E. PAYROLL DEDUCTION INFORMATION Employer must enter any changes below.		
 Deduction cycle: monthly semi-monthly bi-weekly (2 per month) weekly (4 per month) Pay Date of first new CBP deduction(s)://		