



# 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-MAIL<sup>1</sup> \_\_\_\_\_

<sup>1</sup> **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](mailto: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](http://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

#### MASS TRANSIT SPENDING ACCOUNT

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

The IRS 2008 monthly maximum is \$115\*.

#### PARKING SPENDING ACCOUNT

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

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: \_\_\_\_\_

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