

Transportation Benefit



Enrollment Change

1. Current enrollment information

For changes, please enter old information in this section, and then enter new information in section 2.

With the exception of a qualified change of status, your benefit elections will apply through the end of the current plan year.

Employer name _____ Effective date _____ Division/class _____

Employee name _____ Email _____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Mobile phone _____

Date of birth (MM/DD/YY) _____ Member ID (if known) _____

Beneficiary _____

I request the following reductions be made per period: Parking \$ _____ Transportation \$ _____

The employer is contributing to the employee's account(s).

2. Change information

Please enter new information.

Employer name _____ Effective date _____ Division/class _____

Employee name _____ Email _____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Mobile phone _____

Date of birth (MM/DD/YY) _____ Member ID (if known) _____

Beneficiary _____

I request the following reductions be made per period: Parking \$ _____ Transportation \$ _____

3. Authorization

I certify that the above information is correct and true to the best of my knowledge. The above amounts may only be changed due to a qualifying event and during the open enrollment period. I understand that any amounts remaining in my account at the end of the plan year will be rolled into the next plan year. Upon termination, unused funds will be forfeited in accordance with Section 132 regulations. I also understand that the above reductions may correspondingly reduce my future social security benefits.

Employee signature _____ Date _____

Participant: Return original to your employer and retain a copy for your records.

Employer: Forward a copy to PacificSource Administrators, Inc.

P.O. Box 70168, Springfield, OR 97475

Phone: **800-422-7038**, TTY: 711. We accept all relay calls.

Fax: 800-575-1109

PacificSource.com/PSA

CLB1479_0924