

PARKING / TRANSIT CHANGE FROM

Name: _____

Social Security #: _____

Please indicate the new amount you would like deducted from your paycheck below

Please indicate date of family status change/life event: _____

NOTE: Each request for adjustment will be reviewed to be certain the requested action is consistent with the life event/family status change per IRS regulations.

PARKING ACCOUNT

Opt. A Cease Contributions

Opt. B Increase annual election amount to \$_____

Opt. C Decrease annual election amount to \$_____

TRANSIT ACCOUNT

Opt. A Cease Contributions

Opt. B Increase annual election amount to \$_____

Opt. C Decrease annual election amount to \$_____

Note: The Payroll Department will make the adjustments to your paycheck deductions based on your indicated adjusted annual election amount.

EMPLOYEE'S SIGNATURE: _____ DATE: _____