

(PLEASE PRINT CLEARLY)

www.BenefitResource.com

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: / / Gender: ☐ Male ☐ Female

Hire Date: / / Employee Status (*please check one*): ☐ Full-Time ☐ 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): | <u>Type of Account</u> | <u>Monthly Election</u> |
| | <input type="checkbox"/> Parking | \$ _____ |
| | <input type="checkbox"/> Mass Transit | \$ _____ |

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 not complete if employment is terminating):

| <u>Parking</u> | <u>Mass Transit</u> |
|--|--|
| <p>1. <u>Cost</u></p> <p>2. <u>Time</u></p> <p>3. <u>Convenience</u></p> <p>4. <u>Reliability</u></p> <p>5. <u>Flexibility</u></p> <p>6. <u>Accessibility</u></p> <p>7. <u>Security</u></p> <p>8. <u>Comfort</u></p> <p>9. <u>Environmental Impact</u></p> <p>10. <u>Health and Safety</u></p> | <p>1. <u>Cost</u></p> <p>2. <u>Time</u></p> <p>3. <u>Convenience</u></p> <p>4. <u>Reliability</u></p> <p>5. <u>Flexibility</u></p> <p>6. <u>Accessibility</u></p> <p>7. <u>Security</u></p> <p>8. <u>Comfort</u></p> <p>9. <u>Environmental Impact</u></p> <p>10. <u>Health and Safety</u></p> |

- ☐ ☐ Increase monthly election
 - ☐ ☐ Decrease monthly election
 - ☐ ☐ Stop deduction (*account will remain open*)
 - ☐ ☐ Close account (*account can no longer be used or re-opened*)

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® benefit card (“Card”) issued by the Benefit Resource, Inc. bank, I agree to use it only for eligible plan expenses and to be bound by all provisions of the 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 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 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):** / /