

# *Section 132(f) Transportation Benefit Plan*

## ***EMPLOYEE CHANGE OF STATUS FORM***

(TURN IN TO THE HUMAN RESOURCE DEPARTMENT WHEN COMPLETED)

NAME: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ (MUST BE THE FIRST OF THE FOLLOWING MONTH)

### **(1) TERMINATIONS**

A)  Terminate employment      B)  Terminate participation on anniversary

### **(2) MONTHLY ELECTION AMOUNT CHANGES**

<u>COVERAGES</u>	<u>OLD DEDUCTION AMOUNT</u>	<u>NEW DEDUCTION AMOUNT</u>
------------------	-----------------------------	-----------------------------

_____	_____	_____
_____	_____	_____

### ***ATTENTION:***

ALL STATUS CHANGES MUST BE APPROVED BY THE ADMINISTRATOR AND ARE ONLY EFFECTIVE FOR ***FUTURE PAY PERIODS***. ALL CHANGES MUST BE REPORTED TO THE HUMAN RESOURCE DEPARTMENT BY THE 20<sup>TH</sup> OF THE MONTH, TO BE EFFECTIVE FOR THE FOLLOWING MONTH.

DATE: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

