

BENEFITS DESIGN GROUP, INC.

PO BOX 370 Onalaska WI 54650 1-800-554-7213 or (608) 781-2159

CHANGE OF ELECTION(S)

Print Employee's Name	Employee's Social Security #
Employer Name	Effective Date

Instructions: Use this form to change elections previously made. **All changes must be made effective the first of the month and may not be retrospective in nature.**

I hereby request a change in my benefit election(s) as follows: MONTHLY

TRANSIT VOUCHER (purchased through employer) _____ From \$ _____ To \$ _____

TRANSIT / VANPOOLING REIMBURSEMENT ACCOUNTFrom \$ _____ To \$ _____

PARKING REIMBURSEMENT ACCOUNTFrom \$ _____ To \$ _____

Benefit elections not changed above shall remain in effect until the plan anniversary date.

Please sign and return this form to your employer.

Employee's Signature	Date
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EMPLOYER SECTION	
Termination of Employment	Termination Date _____
Employer/Payroll Signature	Date

If the effective date of the termination of employment is other than the first of the month, please indicate how much was deducted for the last month of participation. (Please break out amounts per option.)

TRANSIT VOUCHER \$ TRANSIT/VANPOOLING \$ PARKING \$ _____

Please forward to Benefits Design Group, Inc.; retain photocopy for your records, if desired.