

MASS TRANSIT PASS CHANGE FORM

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| * EMPLOYER NAME: | |
| * EMPLOYEE NAME: | |
| * EMPLOYEE SOCIAL SECURITY #: | |
| * QUALIFYING EVENT: | |
| * EFFECTIVE DATE: | |

* *REQUIRED FIELDS*

PLEASE CHECK IF: NEW ADDRESS NAME CHANGE SOCIAL SECURITY NUMBER CORRECTION

CORRECTION(S) :

TERMINATE MY MASS TRANSIT PASS

(MID PLAN YEAR) MASS TRANSIT PASS ELECTION CHANGE

I authorize my employer to make the following change(s) to my Mass Transit account.
I understand the change(s) on this form replace any previous information or election(s).

* I am currently using this type of Mass Transit Pass: _____

I want to discontinue my Mass Transit Pass for the month(s) of: _____

I want to change my Mass Transit Pass for the remainder of the Plan Year as follows:

Please indicate your choice below:

| | | | | |
|---------------------------------|--------------------------------------|--------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> BOAT | <input type="checkbox"/> BUS | <input type="checkbox"/> COMBO | <input type="checkbox"/> COMBO+ | <input type="checkbox"/> SENIOR C |
| <input type="checkbox"/> SUBWAY | <input type="checkbox"/> ZONE 1/XBUS | <input type="checkbox"/> ZONE 2/XBUS | <input type="checkbox"/> ZONE 3 | <input type="checkbox"/> ZONE 4 |
| <input type="checkbox"/> ZONE 5 | <input type="checkbox"/> ZONE 6 | <input type="checkbox"/> ZONE 7 | <input type="checkbox"/> ZONE 8 | OTHER: _____ |

NOTE: All changes MUST be received no later than the last week of the month prior to the last month the current pass will remain in effect.

| | |
|-----------------------|--------|
| *EMPLOYEE SIGNATURE: | *DATE: |
| *EMPLOYER ACCEPTANCE: | *DATE: |

REV. 6/16/06



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