CRA Change of Election Form

Ameriflex

Member ID
(which may be your SSN):

Employee Name:

Employer Name:

This form should be submitted to your employer for final submission to Ameriflex.

Change Detail:

Benefit Type: **PARKING** Payroll Date of Change: _____

Change from: _____ Change to: _____ *(per pay election)*

Benefit Type: **TRANSIT** Payroll Date of Change: _____

Change from: _____ Change to: _____ *(per pay election)*

Number of remaining pay deductions: _____

I understand that:

(1) Prior to the first day of each plan year, I will be offered the opportunity to change my benefit elections for the following plan year. If I do not complete and return a new election form at that time, my Transportation accounts will not be automatically renewed.

(2) The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code. This agreement is subject to the terms of the Company's Transportation Plan, as amended from time to time, shall be governed under applicable laws, and revokes any prior election and Taxable Compensation Redirection Agreement relating to such plan(s). By signing this form I agree to the terms and procedures listed herein.

Employee Signature	**Date**
Employer Signature	**Date**

Send completed form to:

Email
service@myameriflex.com