

TAI**Commuter Plan • Modification & Termination Form****ONLINE***All Information Required - Print Clearly - Sign & Date Below*▶ **EMPLOYER** _____

Employee _____ Social Security # _____

Home Address (Street) _____ Check box if: New Address

City _____ State _____ Zip code _____

Daytime Phone () _____ Check box if Terminated: Date Terminated: _____

E-Mail Address _____

MODIFICATION & TERMINATION

I understand that I may modify or terminate my CRP account at any time and such modification does not require status changes.

Mass Transit Reimbursement Account

Annual Amount - Original	Pay Period Deduction	New Annual Amount	New Pay Period Deduction
\$ _____	\$ _____	\$ _____	\$ _____

Parking Reimbursement Account

Annual Amount - Original	Pay Period Deduction	New Annual Amount	New Pay Period Deduction
\$ _____	\$ _____	\$ _____	\$ _____

Completed by Employer Payroll Effective Date: _____
[Start of New Deductions]

Approved by H.R. Dept.: _____
[Signature or Initials]

▶ Employee Signature _____ Date _____

Routing: Original to Employer's H.R. Dept. • Copies for Participant and TAI

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