## STATE OF NEW MEXICO TRANSIT ELECTION CHANGE FORM

Employee Name: Male/Female:		Male/Female:
Mailing Address:		
City:	State:	Zip:
Name of Employer:		Branch/Agency Number:
E-mail address:	Employee ID	
Social Security Number:	Date of Birth (MM/DD/YYYY):	
****These changes will be ma	ade effective next	month, or as soon as administratively feasible. ****
Transi	t/Vanpooli	ng Election Change
rould like to increase my Transit/Var	npooling election	to \$ a month, not to exceed \$300.00 a month.
	-	
I would like to decrease my Transi	t Vanpooling elec	tion to \$ a month.
I would like to discontinue my Tree	:t0/	le etter.
I would like to discontinue my Tran	nsit/vanpooling ei	ection.
1	Darking Ele	ection Change
		a month, not to exceed \$300.00 a month.
The to increase my ranking elect		a month, not to exceed \$300.00 a month.
I would like to decrease my Parkin	g election to \$	a month.
I would like to discontinue my Par	king election.	
understand, that by making the above e	elections(s), I am	agreeing to have the Compensation Reduction(s) revoked, or us election and agreement under the Plan relating to the
same benefits, including any prior Electi	ion Form/Election	Change Form, is hereby revoked.
qualifying transportation expenses in ac orfeited under the terms of the Plan (wh	cordance with the nichever happens	nake this election, you may continue to use that balance for e terms or the Plan until the balance is either exhausted or first). Any portion of your Transportation Account will be curred prior to the date you cease to be a participant.
Employee Signature	Dat	<u> </u>
Please		Erisa Administrative Services, Inc.
		an Pedro NE e, NM 87110-6726

Phone: (855) 618-1800, Toll free: (855) 618-1800 Email: <u>sonm@easitpa.com</u> Fax: (505) 244-6009

Erisa Administrative Services, Inc.