

# STATE OF NEW MEXICO TRANSIT ELECTION CHANGE FORM

**Please Print – Your name must match your legal name as reflected on your paycheck.**

Employee Name: \_\_\_\_\_ 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 made effective next month, or as soon as administratively feasible. \*\*\*\*

## Transit/Vanpooling Election Change

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I would like to increase my Transit/Vanpooling election to \$ _____ a month, not to exceed \$340.00 a month. |
| <input type="checkbox"/> | I would like to decrease my Transit Vanpooling election to \$ _____ a month.                                 |
| <input type="checkbox"/> | I would like to discontinue my Transit/Vanpooling election.  |

## Parking Election Change

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I would like to increase my Parking election to \$ _____ a month, not to exceed \$340.00 a month. |
| <input type="checkbox"/> | I would like to decrease my Parking election to \$ _____ a month.                                 |
| <input type="checkbox"/> | I would like to discontinue my Parking election.  |

I understand, that by making the above elections(s), I am agreeing to have the Compensation Reduction(s) revoked, or authorized from my check on a pre-tax basis. Any previous election and agreement under the Plan relating to the same benefits, including any prior Election Form/Election Change Form, is hereby revoked.

If your Transportation Account has a balance when you make this election, you may continue to use that balance for qualifying transportation expenses in accordance with the terms or the Plan until the balance is either exhausted or forfeited under the terms of the Plan (whichever happens first). Any portion of your Transportation Account will be forfeited, if it is not used for timely submitted expenses incurred prior to the date you cease to be a participant.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please return this form to: Erisa Administrative Services, Inc.  
1200 San Pedro NE  
Albuquerque, NM 87110-6726  
Phone: (855) 618-1800, Toll free: (855) 618-1800  
Email: [sonm@easitpa.com](mailto:sonm@easitpa.com)  
Fax: (505) 244-6009

