



# VANTAGE FLEX, LLC.

## Change of Qualified Transportation Benefit

2012 10<sup>th</sup> Street , Menominee MI 49858

Phone: (800) 871-9011 / (906) 863-3539

### Fax Claims to: (775) 521-7676

Employer Name:	
Employee Name:	SSN:
Email Address:	
Address:	

**Date of Change:**     \_\_\_/\_\_\_/\_\_\_

### Type of change:

- New Election (select one)  
     Annual Amount \_\_\_\_\_  
     Monthly Amount \_\_\_\_\_  
     Per Payday Amount \_\_\_\_\_
  
- Change of Benefit Amount  
     Existing Benefit \$ \_\_\_\_\_ per Yr / Mo. / PP  
     Change to \$ \_\_\_\_\_ per Yr / Mo. / PP
  
- Termination of Benefit

I hereby revoke any prior election and authorize that my plan election for my Qualified Transportation Benefit be changed in accordance with my selection above.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date