

STATE OF HAWAII
PRE-TAX TRANSPORTATION BENEFIT PILOT PROGRAM
EMPLOYEE CANCELLATION FORM

This cancellation form must be completed in its entirety and received by the Department Coordinator at least thirty-five (35) days prior to the effective date of the cancellation.

For example, to cancel your bus pass for November, the cancellation form must be received by the Department Coordinator by September 27.

Employee Name: _____
(Please Print)

Social Security No.: xxx-xx- _____

Dept./Division: _____

Phone Nos.: Work: _____

Home: _____ Cell: _____

E-mail Address: _____

CANCELLATION OF PAYROLL DEDUCTION

I hereby authorize the State to cancel my payroll deduction effective _____ from the Pre-Tax Transportation Benefit Pilot Program ("Program"). I acknowledge that this cancellation form must be received by the Department Coordinator at least thirty-five (35) days prior to the effective date of the cancellation from the Program.

I understand that once I cancel from the Program, I will not be eligible to re-enroll during this plan year.

Signature

Date

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|---|
| <p><u>This section to be completed by the Department Coordinator</u></p> <p>Date Received: _____</p> <p>Approved Effective Date for Cancellation: _____</p> |
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