STATE OF HAWAI`I
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: _____ Social Security No.: xxx-xx- __ __ __ __
(Please Print)

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

This section to be completed by the Department Coordinator

Date Received:_____
Approved Effective Date for Cancellation:_____