

## MBTA ENROLLMENT FORM

### I. Account Holder Profile Information

First Name:	Last Name:	SSN:
Date of Birth:	Email Address:	
Mailing Address Line 1:		
Mailing Address Line 2:		
City:	State:	Zip:
Home Phone:		Cell Phone:
Employer:		

### II. Election

I authorize my employer to make the following pre-tax deductions from my paycheck, according to the elections I have chosen. I understand that I cannot change my election during the plan year unless I request it in writing and my employer allows it. My Social Security benefit may be reduced by this election.			
Benefit Month Effective:	Please Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change of Enrollment <input type="checkbox"/> Cancel Pass Program		
MBTA Charlie Card Program:			
<input type="checkbox"/> Monthly Link Pass	<input type="checkbox"/> Inner Express Bus	<input type="checkbox"/> Outer Express Bus	<input type="checkbox"/> Local Bus
MBTA Charlie Ticket Program:			
<input type="checkbox"/> Commuter Rail Zone Zone #: _____	<input type="checkbox"/> Commuter Rail Interzone Zone #: _____	<input type="checkbox"/> Commuter Boat Pass	

To see a list of the cost of each MBTA Monthly Pass, please go to <http://www.mbta.com/fares>

### III. Authorization

Signature _____ Date _____	Employer Authorization: _____
<b>**Please return this form to your employer for approval. **</b>	