



MBTA Monthly Pass Program Enrollment/Change Form

First Name: _____ Last Name: _____ SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email Address: _____

Company Name: _____ Effective Date on Plan: _____

Benefit Month Effective: _____

Please Check One: New Enrollment Change of Election Cancel Pass Program

I authorize my employer to make the following pre-tax reductions from my paycheck according to the elections I have chosen below. These elections can be modified from accordance with company policy.

Maximum IRS Pre-tax Parking Election Amount: \$255/Month

Maximum IRS Pre-tax Transit Election Amount: \$255/Month

Parking Reimbursement Account

Total Monthly Election for Eligible Parking Expenses for work: \$ _____

Transit Reimbursement Account

Total Monthly Cost for Eligible MBTA Monthly Pass Program or Monthly Transit VISA Card Election: \$ _____

Standard Transit VISA Card

MBTA Charlie Card Program

Monthly Link Pass Local Bus

Inner Express Bus Outer Express Bus

MBTA Charlie Ticket Program

Commuter Rail Zone Zone #: _____

Commuter Rail Interzone Zone #: _____

Commuter Boat Pass

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

I understand that I cannot change my election during the plan year unless I request it in writing and my employer allows it. Claims must be incurred within the plan year that I'm seeking reimbursement from. If I do not utilize all of the monies set aside into this account, then this amount will rollover to the next plan year. My social security benefit may be reduced by this election. I will have 180 Days from the date of service to turn in the claim.

Employee Signature: _____ Date: _____ Accepted by Employer: _____