



Maggie Brooks
County Executive

- New Enrollment
- Change in Enrollment
- Cancel

MONROE COUNTY QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM 2014 ENROLLMENT FORM

EMPLOYEE INFORMATION (Please Print)			
Employee Name:	Social Security #:	Date of Birth:	
Address:	City:	State:	Zip code:
Email Address:	Work Telephone:	SAP ID:	
Garage Most Often Used:	Address:	Card/Permit #:	

- I ELECT to enroll in the Qualified Pre-Tax Parking/Transit Commute Program and hereby authorize the following. I understand that:
- I will be paid from the reallocation account(s) upon submission of properly prepared claim forms.
 - **All claims must be received by Health Economics Group, Inc. by Monday, Dec. 1, 2014.**
 - After Dec. 1, 2014, any remaining balance will be refunded and taxed in my Dec. 12, 2014 paycheck.
- I park at the Civic Center Garage, High Falls, MAPCO or Sister Cities and wish to have my payroll deduction paid directly to the garage on a monthly basis. For any increases in your monthly payment from the garage and/or parking lot, your pay period adjustments will be made accordingly. **Direct Pay Parking enrollment is a rollover from year to year. You do not have to re-enroll if you participated in 2013.**

EMPLOYEE ELECTIONS						
<p style="text-align: center;">Unreimbursed Qualified Pre-Tax Parking/ Transit Commute Expenses</p> <p>Total Deducted from my salary for qualified pre-tax parking/transit commute expenses per month. The deduction will start the first of the following month in which the application is received. Deductions will be made on a bi-weekly basis.</p>	<p>\$ _____ PER MONTH</p>	<p style="text-align: center;">DO NOT WRITE IN THIS BOX</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; padding: 5px;">Pay Period Start</td> <td style="width: 40%; padding: 5px;">Per Pay Period</td> </tr> <tr> <td style="padding: 5px;">____/____/____</td> <td style="padding: 5px;">\$ _____</td> </tr> </table>	Pay Period Start	Per Pay Period	____/____/____	\$ _____
Pay Period Start	Per Pay Period					
____/____/____	\$ _____					

Direct Deposit Bank Information (Mandatory) <i>Must attach a voided check if not already on file with HEG Check here if on file:</i> <input type="checkbox"/>	
Bank Name:	Account Number:
Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Routing Number:

Employee Signature: _____ Date: _____

Please return this enrollment by Friday, December 6, 2013 to:
Human Resources, Room 210, County Office Building
39 West Main Street
Rochester, NY 14614
e-mail: hrbenefits@monroecounty.gov