



- New Enrollment
- Change in Enrollment
- Cancel

**MONROE COUNTY  
QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM  
2017 ENROLLMENT FORM**

<b>EMPLOYEE INFORMATION</b> (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 Friday, December 1, 2017.**
  - After Dec. 1, 2017, any remaining balance will be refunded and taxed in my Dec. 8, 2017 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 2016.**

<b>EMPLOYEE ELECTIONS</b>						
<p align="center"><b>Unreimbursed Qualified Pre-Tax Parking/ Transit Commute Expenses</b></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 align="center">\$ _____ PER MONTH</p>	<p align="center"><i>DO NOT WRITE IN THIS BOX</i></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;"><i>Pay Period Start</i></td> <td style="text-align: right;"><i>Per Pay Period</i></td> </tr> <tr> <td align="center">____/____/____</td> <td align="center">\$ _____</td> </tr> </table>	<i>Pay Period Start</i>	<i>Per Pay Period</i>	____/____/____	\$ _____
<i>Pay Period Start</i>	<i>Per Pay Period</i>					
____/____/____	\$ _____					

<b>DIRECT DEPOSIT Bank Information (Mandatory).</b> <i>Must attach a voided check (NOT A DEPOSIT SLIP) if not already on file with HEG.</i>	
<b>CHECK HERE IF ALREADY ON FILE WITH HEG:</b> <input type="checkbox"/>	
Bank Name:	Routing Number:
Account Type:    Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account Number:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this enrollment by **Friday, December 9, 2016** to:  
**Human Resources, Room 210, County Office Building**  
**39 West Main Street**  
**Rochester, NY 14614**  
e-mail: [hrcbenefits@monroecounty.gov](mailto:hrcbenefits@monroecounty.gov)