



- New Enrollment
- Change in Enrollment
- Cancel

MONROE COUNTY QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM 2024 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 BRI by Wednesday, November 27, 2024.**
- I park at the Civic Center Garage, High Falls Garage, MAPCO lots, or Sister Cities Garage** and wish to have my payroll deduction paid directly to the parking garage and/or parking lot 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 2023.**

In order to cancel my pre-tax parking deduction, I agree to submit my request in writing at least 30 days prior to the effective date of the parking cancellation. Once the monthly parking has been paid directly to the garage and/or parking lot, I cannot be refunded any parking deductions.

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;"><i>DO NOT WRITE IN THIS BOX</i></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><i>Pay Period Start</i></td> <td style="text-align: center;"><i>Per Pay Period</i></td> </tr> <tr> <td style="text-align: center;">____/____/____</td> <td style="text-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>					
____/____/____	\$ _____					

DIRECT DEPOSIT Bank Information (Mandatory). <i>Must attach a voided check (NOT A DEPOSIT SLIP) if not already on file with BRI.</i>	
CHECK HERE IF ALREADY ON FILE WITH BRI: <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 to:
Human Resources, Room 210, County Office Building
39 West Main Street
Rochester, NY 14614
e-mail: hrbenefits@monroecounty.gov**