

- New Enrollment
- Change
- Cancel

MONROE COUNTY QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM 2013 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, December 2, 2013.**
 - ✓ **After December 2, 2013, any remaining balance will be refunded and taxed in my December 13, 2013 paycheck.**
 - ✓ **My Parking Reimbursement check will be direct deposited into my checking or savings account. (Must attach a voided check if not already on file with Health Economics Group.)**

- 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 2012.**

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>	\$ _____ PER MONTH	DO NOT WRITE IN THIS BOX		
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Pay Period Start</td> <td style="width: 50%; text-align: center;">Per Pay Period</td> </tr> <tr> <td style="text-align: center;">____/____/____</td> <td style="text-align: center;">\$ _____</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</i>	
Bank Name:	Account Number:
Account Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Routing Number:

Employee Signature: _____ Date: _____

Please return this enrollment form no later than Friday, December 7, 2012

Send completed form to: Human Resources, Room 210
County Office Building
39 West Main Street
Rochester, NY 14614