

]	New Enrollment
)	Change in Enrollment
٦.	Cancel

MONROE COUNTY **QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM 2025 ENROLLMENT FORM**

Email Address: Work Telephone: SAP ID:			Social Security #:	Date of Birth:
Garage Most Often Used: Address: Card/Permit #: I ELECT to enroll in the Qualified Pre-Tax Parking/Transit Commute Program (Standard Parking) and he 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 26, 2025. You do not have to re-enroll in Standard Parking if you participated in 2024. I park at the Civic Center Garage, High Falls Garage, MAPCO lots, or Sister Cities Garage and wis have my payroll deduction paid directly to the parking garage and/or parking lot on a monthly basis. For increases in your monthly payment from the garage and/or parking lot, your pay period adjustments will be n accordingly. Direct Pay Parking enrollment is a rollover from year to year. You do not have to enroll if you participated in 2024. In order to cancel my pre-tax parking deduction, I agree to submit my request in writing at least 45 days prior to effective date of the parking cancellation. Once the monthly parking has been paid directly to the garage and parking lot, I cannot be refunded any parking deductions. EMPLOYEE ELECTIONS Do NOT WRITE IN THIS BOX Pay Period Start Per Pay Pay	Address:	City:	State:	Zip code:
□ I ELECT to enroll in the Qualified Pre-Tax Parking/Transit Commute Program (Standard Parking) and he 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 26, 2025. • You do not have to re-enroll in Standard Parking if you participated in 2024. □ I park at the Civic Center Garage, High Falls Garage, MAPCO lots, or Sister Cities Garage and wis have my payroll deduction paid directly to the parking garage and/or parking lot on a monthly basis. For increases in your monthly payment from the garage and/or parking lot, your pay period adjustments will be n accordingly. Direct Pay Parking enrollment is a rollover from year to year. You do not have to enroll if you participated in 2024. In order to cancel my pre-tax parking deduction, I agree to submit my request in writing at least 45 days prior to effective date of the parking cancellation. Once the monthly parking has been paid directly to the garage and parking lot, I cannot be refunded any parking deductions. EMPLOYEE ELECTIONS DO NOT WRITE IN THIS BOX Pay Period Start Per Pay Payerons Pay Period Start Per Pay Payerons Payerond Start Per Pay Payerons Payerond Start Per Payerons Payerond Start Payerond Start Per Payerons Payerond Start Payerond S	Email Address:	T T	Work Telephone:	SAP ID:
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Unreimbursed Qualified Pre-Tax Parking/ Transit Commute Expenses 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 DO NOT WRITE IN THIS BOX Pay Period Start Per Pay Portion	All claims must be received to You do not have to receive I park at the Civic Center Ganave my payroll deduction paid increases in your monthly payme accordingly. Direct Pay Parking enroll if you participated in 2 In order to cancel my pre-tax parking deffective date of the parking cancellation parking lot, I cannot be refunded an	eived by BRI by W -enroll in Standard rage, High Falls Ga directly to the parkient from the garage a g enrollment is a 1024. eduction, I agree to . Once the monthly	ednesday, Novem Parking if you pa arage, MAPCO lots ng garage and/or p nd/or parking lot, yo rollover from yea submit my request y parking has been	nber 26, 2025. Articipated in 2024. S, or Sister Cities Garage and wish to parking lot on a monthly basis. For any our pay period adjustments will be made ar to year. You do not have to re-
Transit Commute Expenses 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 \$	EMPLOYEE ELECTIONS			DO NOT WRITE IN THIS BOX
in which the application is received. Deductions will be made on a bi-weekly basis.				

Please return this enrollment to: **Human Resources, Room 210, County Office Building** 39 West Main Street Rochester, NY 14614

Employee Signature:

e-mail: hrbenefits@monroecounty.gov