



- New Enrollment
- Change in Enrollment
- Cancel

MONROE COUNTY QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM 2026 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 (Standard Parking) 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 Friday, November 27, 2026.**
 - **You do not have to re-enroll in Standard Parking if you participated in 2025.**
- I utilize Mass Transit for my Pre-Tax parking expense. I understand that money set aside for Mass Transit Parking cannot be used for any other Parking expense.
- 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 2025.**

In order to cancel my pre-tax parking deduction, I agree to submit my request in writing at least **45** 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>					
____/____/____	\$ _____					

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