- ❑ **New Enrollment**
- ❑ **Change in Enrollment**
- ❑ **Cancel**

MONROE COUNTY
QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM
2027 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.
- **Claims can be submitted to BRI up to 180 days from the date of service.**
- **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

		DO NOT WRITE IN THIS BOX	
		Pay Period Start	***Per Pay Period***
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 in which the application is received. Deductions will be made on a bi-weekly basis.	**$_____** **PER MONTH**	____/____/____	***$_____***

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