



METROPASS CANCELLATION/ RE-ENROLLMENT FORM

Use this form to cancel or re-enroll in the Metropass program. Complete the portion of this page which pertains to your request and return it to your Department Payroll Contact no later than the 1th of the month prior to the month in which you wish to cancel or re-enroll.

CANCELLATION

Please cancel my participation in the Metropass program. I understand my participation in the Metropass Program will continue until this form is turned in to my payroll clerk no later than the 1th of the month prior to the first of the month of cancellation, and the Metropass card is returned no later than the 3rd working day of the month to be cancelled. **I understand that I will be charged a replacement fee of \$20 if I terminate my participation and wish to re-enroll in the program.** (However, if an employee only temporarily suspends participation, from one month up to three months, the \$20.00 replacement fee will be waived.)

NAME: _____ (Please Print)	Employee ID #: _____
SIGNATURE: _____	Date: _____
DEPT. NAME: _____ (Location/Department)	

Permanent Card #: _____ Date: _____

RE-ENROLLMENT

By signing below, I acknowledge and agree that the monthly payment of \$41.50 for the Metropass will be made through payroll deduction on the second paycheck of each month for the next month's Metropass payment. **I understand that I may be charged a \$20 replacement fee to re-enroll in the program.** I also understand that I will be automatically enrolled in the Transportation Expense Account-Payroll Deduction Account (PDA) and that the deduction will be taken pre-tax unless I submit a "PDA Change in Participation" form, which is available on RamseyNet or from my department Payroll Contact.

I also understand that if I wish to cancel my participation in the Metropass Program, I must complete a Metropass Cancellation form pursuant to the cancellation policy stated above.

A lost Metropass will be subject to a fine and/or program cancellation. The Metropass card is issued to me for my use ONLY. Program rates are subject to change throughout the year.

NAME: _____ (Please Print)	Employee ID #: _____
SIGNATURE: _____	
DEPT. NAME _____ (Location/Department)	Date: _____

Permanent Card #: _____ Date: _____