Pima County Pre-Tax Transportation

Enrollment and Salary Reduction Agreement

Pima Employee ID Number (EIN) _____

Name _____ _____
(Last, First MI) (Department/HiOrg)

Street _____

City _____
State, Zip

	DOE	Per Pay Period	Not to exceed $250 per month
Parking	G5	_____	

_____ Please cancel my participation in the Parking program

*NOTE: Cancelation changes shall become effective the first of the month following submission of this form.

I wish to participate in the Pima County Pre-Tax Transportation Plan. I wish to receive the benefits indicated above beginning the first day of _____, 20_____. I understand my salary will be reduced beginning with my first paycheck issued on or after the above date by an amount equal to the sum of the benefits listed above. I understand the benefits available to me as well as the other rights and obligations that I have under the Program. I understand this agreement revokes any prior election under this Program and that I can only change or revoke this election for future months by completing a new election form and submitting it to my Pima County Departmental Benefits Representative prior to the first day of the next monthly period. I cannot make retroactive changes to this election. My election in this Program will automatically cease upon my termination of employment with Pima County.

*The bi-weekly administrative fee of $1.40 will be paid by the County for enrolled employees actively at work.

Employee's signature: _____Date _____

Return form to Pima County Departmental Benefits Representative.

For more information, contact ASIFlex: (800) 659-3035 email: asi@asiflex.com http://www.asiflex.com