



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 Code: \_\_\_\_\_

## Parking Cancellation

Please cancel my participation in the Parking program.

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

Parking Enrollment	Pay Period Ending Date	Bi-weekly Deduction (not to exceed \$250 per month)
	_____	_____

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](mailto:asi@asiflex.com) <http://www.asiflex.com>