

State of Oregon Employee Monthly Transit Cost Payroll Deduction

Enrollment Form- TriMet/C-Tran

State of Oregon employees have the option of paying for monthly transit passes using pre-tax income and having a pass mailed to them automatically. The cost is deducted from paychecks each month. The transit company delivers passes to your agency for distribution to participating employees.

To enroll in the program, you must complete and sign this form and return it to your payroll office. This authorizes your agency to make the payroll deduction and to adjust it for any fare increases.

To make changes or cancel the transit pass payroll deduction, please use the Change/Cancellation Form. Please remember that all new enrollments and all changes must be in accordance with printed deadlines.

PRINT Name _____

Home Mailing Address _____

City _____ State _____ Zip _____ Work Phone _____

I need the following deduction (check one):

- | | | | |
|--|---------|---|----------|
| <input type="checkbox"/> TriMet 1-2 Zone | \$65.00 | <input type="checkbox"/> C-Tran All Zone | \$82.00 |
| <input type="checkbox"/> TriMet 2-3 Zone | \$65.00 | <input type="checkbox"/> C-Tran Commuter Fare | \$105.00 |
| <input type="checkbox"/> TriMet All Zone | \$76.00 | | |
| <input type="checkbox"/> TriMet Lift | \$48.00 | Starting Month for Pass | _____ |

State of Oregon Authorization For Monthly Transit Cost Payroll Deduction

I authorize my agency to deduct from my wages \$_____per month until further notice.
I also authorize my agency to automatically adjust this amount up to and including the
maximum allow under Federal law to accommodate fare increases.*

Print Name

Signature

Date

*Up to a maximum of \$110 a month per Federal Law as of 12/1/06

State of Oregon Employee Monthly
Transit Cost Payroll Deduction

Change/Cancellation Form- TriMet/C-Tran

To make changes or cancel your transit pass payroll deduction, you must complete this form and return it to your payroll office. It will take approximately six weeks to make these changes so please plan accordingly.

Check Requested Change

Address Change

PRINT Name _____ Eff. Date of Change _____

New Home Mailing Address _____

City _____ State _____ Zip _____ Work Phone _____

Cancel My Deduction

Please cancel my transit pass payroll deduction. The last pass I want to receive is for the month of _____.

Change My Deduction Type to:

TriMet 1-2 Zone \$65.00 C-Tran All Zone \$82.00

TriMet 2-3 Zone \$65.00 C-Tran Commuter Fare \$105.00

TriMet All Zone \$76.00

TriMet Lift \$48.00

Starting Month for Pass _____

Restart My Deduction

I would like to restart my transit cost payroll deduction for TriMet C-Tran for the month of _____.

**State of Oregon Authorization
Change in Transit Cost Payroll Deduction**

Print Name

Signature

Date

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DEADLINES

Deadline for sign-up, cancellation or change in transit pass	Change will affect this transit pass
January 14	March
February 14	April
March 14	May
April 14	June
May 14	July
June 14	August
July 14	September
August 14	October
September 14	November
October 14	December
November 14	January
December 14	February

NOTE: Because of the requirement for advance payment, the payroll deduction will appear on your paycheck in the month prior to the starting month.

Example: If the Enrollment form is submitted by February 14th, the payroll deduction will appear on the March check issued on April 1st. The pass for the month of April will be delivered to your agency for distribution before the end of March.