

Boston University Employee (Med. Campus) MBTA Monthly Pass Payroll Deduction Authorization Form

Work Phone:

MONTHLY

Name:

First

Last,

BU ID#: _

To be eligible, you must be a BUMC regular faculty or staff member. BU will offer a **35-50% subsidy** for monthly MBTA passes for eligible employees. Please put a check (\mathbf{X}) next to the type of pass desired below. After the University subsidy, the remaining cost is paid through pre-tax payroll deduction up to a combined total of \$255. Any amount above this will be deducted after tax.

| Local Bus | \$ 35.75 /month | Zone 3 | \$ 122.13/month |
|-------------------|--------------------|---------|-----------------|
| Link | \$ 54.93 /month | Zone 4 | \$ 131.50/month |
| Senior/T.A.P. | \$ 19.50 /month | Zone 5 | \$ 145.75/month |
| Inner Express Bus | \$ 83.20 /month | Zone 6 | \$ 159.00/month |
| Outer Express Bus | s \$ 109.20 /month | Zone 7 | \$ 168.25/month |
| Zone 1A | \$ 54.93 /month | Zone 8 | \$ 181.50/month |
| Zone 1 | \$ 100.13 /month | Zone 9 | \$ 189.75/month |
| Zone 2 | \$ 108.88 /month | Zone 10 | \$ 199.13/month |
| Boat | \$154.00 /month | | |

** First Time CharlieCard users: Your CharlieCard starts on the first day of the benefit month. Although you receive your CharlieCard a few days early, PLEASE DO NOT use it until the FIRST day of the benefit month or else you will be responsible for the cost of the full extra month.

Check one: □ New Enrollment □ Change Pass Type □ CANCEL Pass □ Re-enrollment

I hereby authorize my employer, BOSTON UNIVERSITY MEDICAL CAMPUS, **to deduct** from my paycheck the appropriate amount for the type of MBTA pass I have selected above. I understand that deductions will continue each month unless I provide written notification to TransComm . I must let the office know if my employment with BUMC is terminated.

Please (X) check your pay frequency*: UWEEKLY

*For all employees paid WEEKLY, you must enroll, cancel, or change your MBTA pass <u>SIX WEEKS</u> prior to the start month. Example: if you want to enroll or cancel your May pass, you must turn in the form by mid-March. * For all MONTHLY paid employees, you must enroll, cancel, or change your MBTA pass type by the 10th of the previous month. Example: If enrolling or cancelling for May, you must fill out a form by April 10th.

By signing below, I have read and understand the information above, and I am responsible for any extra expenses.

| Email | Cell Phone | |
|--------------------|--|--|
| Employee Signature | Date | |
| | Please return this form to: TranSComm (710 Albany St, Boston, MA 02118) or 617-638-7176 (FAX) Email this form to: bumctranscomm@gmail.com Any questions call 617-638-7473 | |
| | Office Use Only | |

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|------------------------|--|--|--|
| Confirmed by (initial) | | | |
| Date & Time | | | |
| Left message | | | |
| | | | |