STATE OF HAWAI`I
PRE-TAX TRANSPORTATION BENEFIT PILOT PROGRAM
ENROLLMENT FORM FOR
SENIOR ANNUAL BUS PASSES

This enrollment form shall authorize a one-time payroll deduction on a pre-tax basis for qualified expenses under the Pre-Tax Transportation Benefit Pilot Program ("PTBP" or "Program"), a qualified transportation fringe benefits plan established under section 132(f) of the Internal Revenue Code.

To participate in the Program, please complete this enrollment form and submit it to your Departmental PTBP Coordinator. Your Departmental PTBP Coordinator will then forward a copy to the Department of Human Resources Development /Employee Assistance Office who will process your enrollment.

Employee Name: _____ Social Security No. XXX-XX- _ _ _ _
(Please Print)

Dept./Division _____ Phone Nos.: Work:_____

Email Address: _____ Home: _____ Cell:_____

Date of Hire: _____

☐ **Enroll me in the Pre-Tax Transportation Benefit Pilot Program** so that I may purchase my Senior Annual Bus Pass through pre-tax payroll deduction.

Please enroll me for: ☐ one year - $30 ☐ two years - $60

I have read and understand the PTBP Pilot Program Participant Guide and Informational Flyer.

I understand that the State shall deduct the cost of the bus pass indicated above from my pay on a one-time pre-tax basis.

I understand that no agency or employee of the State shall be responsible for any lost passes.

I understand that my participation in the Program may affect my Social Security benefits upon retirement or disability. It may also affect my Deferred Compensation Plan contributions, if my contributions are based on a percentage of my salary instead of a fixed dollar amount.

I hereby elect to have the Senior Annual Bus Pass amount withheld from my salary on a one-time basis. I certify that I have read the above carefully, and understand and accept the benefits and procedures of the Program.

_____ _____
Signature Date

This section to be completed by HRD/PTBP Administrator:
Date Form Received:_____
Date of Input into Bus Pass System: _____
Approved Effective Date for Enrollment:_____