

STATE OF HAWAI'I
PRE-TAX TRANSPORTATION BENEFIT PILOT PROGRAM
EMPLOYEE ENROLLMENT FORM

This enrollment form shall authorize payroll deductions on a pre-tax basis for qualified expenses under the Pre-Tax Transportation Benefit Pilot Program ("Program"), under the State of Hawai'i Qualified Transportation Fringe Benefit Plan, 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 return it to your Department Coordinator.

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

Dept./Div./Branch _____ **Phone Nos.: Work:** _____

Email Address: _____ **Home:** _____ **Cell:** _____

Date of Hire (if a new employee): _____

Please enroll me in the Pre-Tax Transportation Benefit Pilot Program for the following:

- Regular Monthly Bus Pass for TheBus - \$70**
- Pre-Set Monthly Handi-Van Deduction - \$80** **Handi-Van ID No.:** _____
(40 Handi-Van fare coupons @ \$2 each) **Exp. Date:** _____
- vRide (formerly known as Vanpool Hawaii) - Vanpool seat fee - \$250**
(vouchers issued by TheBus – redeemable with vRide)

Did you transfer from another department within the Executive Branch in which you were participating in the Pre-Tax Transportation Benefit Pilot Program? No _____ Yes _____; If yes, which department: _____

Do you hold another State job? No _____ Yes _____; If yes, with which department: _____

For those enrolling in the Program for bus passes and Handi-Van fare coupons, are you giving up your State Parking to join the Program? No _____ Yes _____

Enroll me in the Pre-Tax Transportation Benefit Pilot Program for the transportation service I have designated above so that I may purchase my monthly bus pass, Handi-Van fare coupons or vouchers for my vRide seat fee through monthly pre-tax payroll deductions. I have read and understand the Program Participant Guide and Informational Flyer.

I understand that the State shall deduct the cost of the bus pass, Handi-Van fare coupons or vouchers for my vRide seat fee that I indicated above from my pay on a pre-tax basis for the purpose of purchasing a standard adult bus pass, Handi-Van fare coupons or vouchers for my vRide seat fee and that the amount of these passes, fare coupons and voucher costs may change at any time in accordance with the Ordinances of Honolulu or vRide fee schedule. I understand that the bus pass, Handi-Van fare coupons or vouchers are for my use only and cannot be used by my spouse, dependents, or others.

I understand that no agency or employee of the State shall be responsible for any lost or unwanted passes, fare coupons or vouchers that have been distributed to me.

I understand that if there are insufficient earnings in a given pay period to deduct the full amount of the bus pass, Handi-Van fare coupons or vouchers for vRide, I will not receive a pass, coupons or vouchers for the following month; and if I am overpaid during any given pay period and am issued a pass, fare coupons or vouchers, I shall be responsible for reimbursing my employer for the cost of the pass, fare coupons or vouchers.

I understand that if I transfer to another department within the State Executive Branch and wish to continue in the Program, I must cancel my payroll deduction with my current department and re-enroll in the Program with my new department. I understand that there may be an interruption in my payroll deduction resulting in me having to purchase a bus pass, Handi-Van fare coupons or my vRide seat fee on my own with out-of-pocket money until my payroll deductions start with my new department.

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 monthly bus pass, Handi-Van fare coupon or vouchers for my vRide seat fee amount withheld from my salary, on a monthly basis. If the bus pass, Handi-Van fare coupon or vRide seat fee rates should change, I authorize the State of Hawai'i to automatically adjust my monthly bus pass, Handi-Van fare coupon and vRide seat fee deductions accordingly. I also understand that once I have made this election, it will remain in effect and continue automatically until I notify the Department Coordinator that I wish to terminate participation in the Program. **To terminate enrollment, I must submit a "State of Hawai'i Pre-Tax Transportation Benefit Pilot Program Employee Cancellation Form" at least thirty-five (35) days prior to the effective date of the cancellation.** Should it be found that I separated service and failed to complete a Cancellation Form, the department will process an administrative cancellation for me.

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 Department Coordinator: Date Form Received: _____ Date of Input into Transportation Benefit System: _____ Approved Effective Date for Enrollment: _____
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Revised 11/20/17
PTBP-Enroll