

**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**

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, did you recently cancel your State Parking to join the Program?  
No \_\_\_\_\_ Yes \_\_\_\_\_, Date of Cancellation \_\_\_\_\_

Do you have an existing HOLO Card? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, what is the HOLO Card number: \_\_\_\_\_

**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 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 that I indicated above from my pay on a pre-tax basis for the purpose of purchasing a standard adult bus pass and that the amount of this bus pass may change at any time in accordance with the schedule in the Ordinances of Honolulu. I understand that the bus passes 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 HOLO Card or passes that have been distributed to me on the HOLO Card.

I understand that if there are insufficient earnings in a given pay period to deduct the entire monthly cost of the bus pass, no deductions shall be made, and my coverage shall be suspended for that month; and if I am overpaid during any given pay period and am issued a pass, I shall be responsible for reimbursing my employer for the cost of the bus pass.

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 pay for my transit service 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 selected transit service fee amount withheld from my salary, on a monthly basis. If the transit service fee should change, I authorize the State of Hawai'i to automatically adjust my 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: _____ Employee ID: _____ Date of Input into Bus Pass System (HRMS): _____ Date of Input into HOLO Card System: _____ Approved Effective Date for Enrollment: _____
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Revised 04/09/21  
PTBP-Enroll