

UNIVERSITY OF HAWAII
EMPLOYEE PRE-TAX TRANSPORTATION BENEFIT
PROGRAM ENROLLMENT FORM FOR
SENIOR ANNUAL BUS PASS
(65 years of age or older)

This enrollment form shall authorize a one-time payroll deduction on a pre-tax basis for qualified expenses under the Pre-Tax Transportation Benefit 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 Personnel Officer.

Employee Name: _____ UH Employee ID No.: _____
(Please Print)

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

Email Address: _____ Home: _____ Cell: _____

Date of Hire: _____

Please enroll me in the Pre-Tax Transportation Benefit Program for a Senior Bus Pass:

☐ One-year Senior Bus Pass: \$30.00

☐ Two-year Senior Bus Pass: \$60.00

I read and understand the University of Hawaii PTBP 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 PTBP Program may affect my Social Security benefits upon retirement or disability. It may also affect my Deferred Compensation and/or Tax-Sheltered Annuity 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 PTBP Program.

Signature

Date

This section to be completed by Personnel Officer:

Date Form Received: _____

Date of Input into Bus Pass System: _____

Approved Effective Date for Enrollment: _____