

**Pima County Pre-Tax Transportation**  
Enrollment and Salary Reduction Agreement

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Pima Employee ID Number (EIN) \_\_\_\_\_

Name \_\_\_\_\_  
(Last, First MI)

\_\_\_\_\_  
(Department/HiOrg)

Street \_\_\_\_\_

City \_\_\_\_\_  
State, Zip \_\_\_\_\_

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	DOE	Per Pay Period	Not to exceed per month
Mass-transit/Van-Pooling	GO	_____	\$230.00
Parking	GP	_____	\$230.00

\_\_\_\_\_ Please cancel my participation in the Mass-transit/Van-Pooling program

\_\_\_\_\_ Please cancel my participation in the Parking program

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I wish to participate in the Pima County Pre-Tax Transportation Plan. I wish to receive the benefits indicated above beginning the first day of \_\_\_\_\_, 20\_\_\_\_\_. I understand my salary will be reduced beginning with my first paycheck issued on or after the above date by an amount equal to the sum of the benefits listed above. I understand the benefits available to me as well as the other rights and obligations that I have under the Program. I understand this agreement revokes any prior election under this Program and that I can only change or revoke this election for future months by completing a new election form and submitting it to my Pima County Departmental Benefits Representative prior to the first day of the next monthly period. I cannot make retroactive changes to this election. My election in this Program will automatically cease upon my termination of employment with Pima County.

\*The bi-weekly administrative fee of \$1.40 will be paid by the County for enrolled employees actively at work.

Employee's signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Return form to Pima County Departmental Benefits Representative.**

**For more information, contact ASIFlex: (800) 659-3035 email: [asi@asiflex.com](mailto:asi@asiflex.com) <http://www.asiflex.com>**