

Employee Participation Form

Company Name (Employer):	
Address:	
Human resources contact:	Phone:
e-mail:	
Metro Pass Holder (employee name):	
Department/Division	Phone/Ext:
Please select your Metro Pass choice from the following:	
FULL FARE	
☐ Metro Monthly Pass at \$75 eac	h
REDUCED FARE *	
☐ Metro Monthly Pass at \$37.50 €	each
	tage Program for the month of, bove) to deduct the designated Metro Pass fee from my eduction.
Employee Signature	 Date

<u>The IRS requires employers to retain this form on file.</u> Please submit this form to your human resources or payroll department to participate in the program. Notify your human resources or payroll department, in writing, one month prior to any changes in the referenced deduction.

NFTA-Metro Cash Management Office 181 Ellicott Street Buffalo, New York 14203 Ph. (716) 855-7202 -- Fax (716) 855-7311 www.nfta.com

*Reduced Fares: Qualified individuals are 65+, have a Medicare card or a disability. For information on qualifying disabilities, call (716) 855-7360 or visit www.nfta.com/metro/reduced_fare.asp. To take advantage of reduced fares riders must present, when paying, either a Medicare card (red, white and blue), a Senior card issued by Erie or Niagara County or a reduced fare ID card issued by NFTA-Metro.

The American Recovery and Reinvestment Act of 2009 includes a provision that temporarily increases the amount of the transit pass and vanpooling benefits that can be excluded from an employee's income under Code Section 132(f) to \$230. The increase is accomplished by making the combined monthly limit for transit pass and vanpooling benefits equal to the monthly limit for qualified parking expenses.