

**UNIVERSITY OF HAWAI'I
PRE-TAX TRANSPORTATION BENEFIT PILOT PROGRAM
ENROLLMENT/CANCELLATION FORM**

This enrollment/cancellation form shall authorize payroll deductions on a pre-tax basis for qualified expenses under the Pre-Tax Transportation Benefit Pilot Program ("PTBP" or "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/cancellation form and return it to your human resources representative.

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

Campus/School/Program: _____ **Work Number:** _____

Email Address: _____ **Cell Number:** _____

Date of Hire (if a new employee): _____ **Home Number:** _____

ENROLL me in the Program beginning the month of _____

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 deduction accordingly. I understand that once I have made this election, it will remain in effect and continue automatically until I submit a cancellation form to my human resources representative. I understand the cancellation form must be submitted no later than the due date stated on the University of Hawai'i PTBP Processing Schedule for the month in which the cancellation is to be effective and that I will be responsible for all deductions up to the effective date of cancellation.

Regular Monthly Bus Pass for TheBus - \$60

**Pre-Set Monthly Handi-Van Deduction - \$80
(40 Handi-Van fare coupons @ \$2 each)**

Handi-Van ID No.: _____
Exp. Date: _____

**vRide (formerly known as Vanpool Hawaii) - vRide seat fee - \$250
(vouchers issued by TheBus – redeemable with vRide)**

Did you transfer from another University campus or agency within the Executive Branch in which you were participating in the Pre-Tax Transportation Benefit Pilot Program? No _____ Yes _____

If yes, which campus or agency: _____

Do you hold another University appointment or state job? No _____ Yes _____

If yes, with which campus or agency: _____

For those enrolling in the Program for bus pass, Handi-Van or vRide are you giving up your state parking to join the Program? No _____ Yes _____

CANCEL me from the Program and my payroll deduction effective _____

I hereby authorize the University to cancel my monthly bus pass, Handi-Van fare coupon or vouchers for my vRide seat deduction. I acknowledge that this cancellation form must be received by the human resources representative no later than the due date stated on the University of Hawai'i PTBP Processing Schedule for the month in which the cancellation is to be effective. I will be responsible for all deductions up to the cancellation effective date.

I certify that I have read the Program Participant Guide, Informational Flyer and the second page carefully. I understand and accept the benefits and procedures of the Program.

Signature

Date

DEDUCTION OF ELECTION

I understand that the State shall deduct the cost of the bus pass, Handi-Van fare coupons or vouchers for my vRide seat fee on a pre-tax basis. 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 the State of Hawai'i will automatically adjust my monthly bus pass, Handi-Van fare coupon and vRide seat fee deduction accordingly. The deduction will occur once month on the second paycheck of every month until I cancel my enrollment. 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.

TERMINATION OF ENROLLMENT

I understand the cancellation form must be received by the human resources representative no later than the due date stated on the University of Hawai'i PTBP Processing Schedule for the month in which the cancellation is to be effective. If I wish to cancel my participation in the Program or terminate from the University and I do not submit the cancellation form to my human resources representative by the due date stated on the University of Hawai'i PTBP Processing Schedule, I will be responsible for payment of the transportation benefit. If I separate from service and fail to complete a cancellation form, the campus is authorized to process an administrative cancellation for me.

TRANSFER WITHIN UNIVERSITY OF HAWAI'I or STATE OF HAWAI'I EXECUTIVE BRANCH

I understand that if I transfer to another University campus or agency 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 campus/agency. 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 deduction starts with my new campus/agency.

PASS PICK-UP

I understand that as an employee of the Mānoa campus I am responsible for picking up the bus passes, fare coupons or vouchers at the University Commuter Services Office.

I understand that as an employee of the Community College on the island of O'ahu or University of Hawai'i - West O'ahu I am responsible for picking up the bus passes, fare coupons or vouchers in accordance with the established campus procedures.

LOST/UNWANTED PASSES

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.

INSUFFICIENT FUNDS

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 the transportation benefit 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 the University for the cost of the pass, fare coupons or vouchers.

IMPACT ON BENEFITS

I understand that my participation in the Program may affect my social security benefits upon retirement or disability. It may also affect deferred compensation and/or tax-sheltered annuity plan contributions, if contributions are based on a percentage of my salary instead of a fixed dollar amount.