



EcoPass Enrollment Form

This form authorizes automatic payroll deductions for qualified transportation expenses under Mines’s Transportation Benefit Plan (TBP) and in compliance with IRS Code Section 132(f). If you would like to enroll in the EcoPass program, please complete this form and submit it to Human Resources no later than **March 16, 2009**, for an effective date of **April 1, 2009**.

Employee Name: _____

CWID: _____

Department: _____ Mines Phone: _____

Pretax (IRS Section 132(f) qualified plan)

By my signature below, I authorized Mines to reduce my monthly salary by (check one):

\$36 per month ____ \$54 per month ____ (for faculty who are paid 9 months)

I understand that this salary reduction will occur through my pay received December 31, 2009, and my choice is irrevocable during this period.

Post-tax Deduction

By my signature below, I authorize Mines to deduct from my monthly salary (check one):

\$36 per month ____ \$54 per month ____ (for faculty who are paid 9 months)

 I understand that this salary deduction will occur from my pay received through December 31, 2009, and that my choice is irrevocable during this period.

I further understand that if Mines does not receive sufficient enrollment in the EcoPass program by **March 16, 2009**, that this payroll authorization will become null and void and that no salary reduction or deduction will be taken from my pay.

Employee Signature: _____

Date of Submission: _____

Note: Because this form requires an original signature, only signed originals can be accepted in Human Resources to participate in the EcoPass program.