

## Metropass Cancellation/Suspension Request Form

## □ Cancellation Request

Please cancel my participation in the Metropass program effective

Last day of month

Check the reason: 
Retirement / Resignation - Retirement or Resignation Date: 
Other

- I understand that because I pay in advance, my cancellation form must be submitted by the first Friday of the month of the cancellation date.
   <u>Example</u>: To cancel participation effective October 1<sup>st</sup>, submit a request on or before the first Friday of September.
- I understand that there will be no refunds issued for late cancellations or terminations from employment.
- I understand that my Metropass <u>must be returned</u> to the MBC Human Resources department at the time the cancellation becomes effective.
- I understand if I cancel participation and later re-enroll in the program, I must submit an Enrollment/Re-Enrollment form by the first Friday of the month prior to the benefit month.
   <u>Example</u>: To re-enroll starting October 1, the form must be received by the first Friday in September.

## □ Suspension Request – 3 months or less

(If longer than 3 months, please cancel; you will receive a new card when you re-enroll)

Please suspend my	y participation in the Metropass program effective		and reinstated on
the following date:	•	Last day of month	

First day of month

I understand that because I pay in advance, my cancellation form must be submitted by the first Friday
of the month of the suspension request date.
 <u>Example</u>: To suspend participation effective October 1<sup>st</sup>, submit a request on or before the first Friday of

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Employee Name (please print)	Employee ID Number	Work Telephone Number	
Employee Signature	Date		

Monthly Metropass costs may change. Employees will be notified of any change in the monthly cost.

Return this form to Nicole Moua by email <u>nicole.moua@municipalbuilding.org</u> or in person