



JOHNS HOPKINS M E D I C I N E

JOHNS HOPKINS HEALTH SYSTEM CORPORATION
THE JOHNS HOPKINS HOSPITAL

Commuter Plus Program Authorization Form

The IRS allows a maximum of \$100/month to be deducted from your salary on a pre-tax basis for you to purchase monthly passes to ride the MTA Buses, Light Rail, Metro Subway, or qualified vanpools to work. The deduction will be in the first paycheck of each month for the next month's passes. MTA monthly passes will be distributed by the HR Service Center, Phipps 4th Floor.

Please check one: Enrollment Change Termination

Organization: JHHSC JHH JHCP JHHSC at Bayview

Name: _____ SSN: _____ Work ext.: _____

TYPE OF MTA TRANSIT I WILL USE TO COMMUTE TO WORK:

Bus, Metro Subway and Light Rail

- Regular (\$64.00)
- Express (\$80.00)
- Seniors (\$16.50 - Age 65+ and disability)**

(**MTA picture ID is required for Senior disability)

Commuter Bus

- Zone 1 (\$93.50)
- Zone 2 (\$119.00)
- Zone 3 (\$144.50)
- Zone 4 (\$170.00)

I authorize JHHSC/JHH to deduct the above amount from my paycheck on a pre-tax basis and any amount in excess of the \$100 on an after-tax basis if applicable. I understand that I will receive a MTA monthly pass in the same amount on a monthly basis and will pick it up at Phipps 4th Floor. This authorization will remain in effect until I have cancelled it in writing, giving at least thirty (30) days prior to the effective date of cancellation. Passes are non-transferable. I plan to pick up my pass at:

- JHHSC/JHH Bayview Parking Office JHCP (Wyman Park)

Signature _____

Date _____

RETURN TO: HR SERVICE CENTER
 PHIPPS 4TH FLOOR
 410-955-6208
 410-955-0737 (FAX)