



NFTA Corporate Pass Program  
Employee Participation Form  
PBC (Paid on Thursday) Employees Only

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Employee Address: \_\_\_\_\_  
(Street, City, Zip Code)

Employee Phone Number: \_\_\_\_\_

I elect to enroll in the Corporate Pass Program beginning \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

I hereby authorize Roswell Park Cancer Institute to deduct the Metro Pass fee of \$55.00 from my paycheck on a monthly basis. I understand that this is a pre-tax benefit and that the deduction will be taken the month prior to the benefit date. For example, the deduction for an August passes will be taken in July. I understand that if any time I am in a leave without pay status and RPCI is unable to withhold the transit deduction that I will not receive a transit pass in the upcoming month. Should I choose to no longer participate in the program; I must notify the Employee Benefits Office. Verbal requests will not be processed.

Note: Employees who are over the age of 65 and/or are disabled are eligible for a reduced rate of \$45.00 per month. Approval for this discounted rate must be obtained through the NFTA. Applications for this benefit may be made by submitting a completed [Reduced-Fare Application](#) to the NFTA at: NFTA-Metro Reduced Fare Program, 181 Ellicott Street, Buffalo, New York 14203. For additional information for the Reduced Fare Program please contact the NFTA at 716-855-7216.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date)

Applications must be received by the 5<sup>th</sup> of the month immediately preceding the month for which the discounted transit pass is sought.