

# APPLICATION FOR PRE-TAX PAYROLL DEDUCTION FOR COMMUTING

Please read the program description, rules, and eligibility requirements on Page 2.

	efficiency results div	
WHO ARE YOU? (Proof of Stanford	·	Doubling whomas
Last Name	First Name	Daytime phone (required - cannot process without)
Stanford ID number/Hospital file ID*	Full email address (required)	
* not your badge number – your file ID number	is on your timecard or paycheck stub.	
SELECT PRODUCT(S)	AC	E Train pass/ticket prices are listed on Page 2
ACE Train (	Caltra	ain
departure station	arrival station Month (Fremont or San Jose only)	ly Parking Permit \$50
<ul><li>☐ Monthly Pass</li><li>☐ 20-trip Ticket</li></ul>	·	nuter Checks
Li 20-tilp ficket		nany of each? \$30 \$35 \$45
CLIPPED CARD PRODUCTS	Ψ20 <u> </u>	\$30 \$33 \$43
CLIPPER CARD PRODUCTS	DADT	
Clipper card number (required)	BART Select one (not both):	
	☐ "\$48" Ticket \$45 (_1004): How ma	
Clipper Cash Amount \$	☐ "\$64" Ticket \$60 (_1005): How ma	any? (Limit of 3)/month
AC Transit	Muni	SamTrana
RTC Monthly Local Pass** \$20 (_101)	Muni ☐ "M" Fast Pass \$70 (_503)	SamTrans ☐ Adult Monthly Local Pass \$65.60 (_801)
☐ Adult 31-Day Local Pass \$75 (_119)	☐ "A" Fast Pass \$83 (_504)	☐ Senior/RTC Monthly Pass** \$27 (_802)
☐ Adult 31-Day Transbay Pass \$151.20 (_121)	<ul><li>☐ Senior Pass** \$24 (_505)</li><li>☐ RTC/Disabled Pass** \$24 (_506)</li></ul>	☐ Adult Monthly Local/SF Pass \$96 (_804)
** Senior or RTC Clipper card required		
ENTER YOUR MONTHLY TRANS	SIT DEDUCTION AMOUNT (total o	f all products)
	ne amount we deduct each month will refle	ct the current cost \$
of your transit items. Deductions will cont	inue until you request cancellation.	L.
<b>DELIVERY OPTIONS (for non-Cl</b>	ipper products)	
PICK UP: I will pick up my passes at	the P&TS office. Notify me at the email ad	dress above.
MAIL ORDER: Mail passes to the ad	dress below (dept. mail code address not a	cceptable. If you have a new address, please
	TE: Once your transit pass/transit parking	commuter check is mailed, we are NOT
responsible if it gets lost.		
Street or PO Box #	City	State Zip
	•	·
AUTHORIZATION AND SIGNATU	IRE for pre-tax payroll deduction	S
Read and sign below. Please read the Pre-Ta: also arrange to have one faxed to you by calling		ur website at transportation.stanford.edu. You can
Authorization. I have read and understand the	e information regarding the Pre-Tax Transit and I	
	n authorizing all transit pass/transit parking/co norize Stanford to adjust my payroll deductions	
	program cancellation form. To make changes, I	
·	ses using payroll deduction must be for my own on is rejected for any reason I must pay Parking	& Transportation Services the full amount of the
deduction immediately upon their request.  Violations. I understand that violation of any of	of the above constitutes cause for removal from	the program.
V		· · · · · · · · · · · · · · · · · · ·
SIGNATURE		DATE
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### **HOW THE PRE-TAX TRANSIT PASS PURCHASE PROGRAM WORKS**

- · Any purchases made through this program must be for your personal use only.
- · At the time of enrollment, participants determine their monthly cost for transit passes and commuter checks.
- · One deduction will be taken per month. Depending on the date of your purchase, payments will be deducted from either your first or second check each month. Deductions will continue until participant requests cancellation.
- · Currently, up to \$255 of monthly transit costs will be deducted on a pre-tax basis; costs above this amount will be deducted on an after-tax basis.

#### **ELIGIBILITY**

To participate in this program, you must be a University or Hospital employee who meets each of these criteria:

- 1. Works 50% Full-time Equivalent or more
- 2. Receives regular University or Hospital benefits
- 3. Commutes to Stanford primarily for employment (students and postdocs do not qualify for this program)

## **ENROLLMENT & CANCELLATION**

The cut-off date to enroll in or cancel the Payroll Deduction Transit Pass Program is the 9th of each month

There are no returns of transit passes or commuter checks. Future transit pass deductions may be changed by submitting a new program application form or canceled with a program cancellation form, but it must be received at the Parking & Transportation Services office prior to the 9th of the month in order to take effect for the next month.

## **ACE Train pass/ticket prices**

Prices effective October 6, 2014

ACE Train Monthly: Fremont	
Monthly Stockton-Fremont (FRSKT)	\$140.25
Monthly Lathrop/Manteca-Fremont (FRLAT)	\$134.25
Monthly Tracy-Fremont (FRTRC)	\$103.50
Monthly Vasco-Fremont (FRVAR)	\$72.25
Monthly Livermore-Fremont (FRLVA)	\$72.25
Monthly Pleasanton-Fremont (FRPLD)	\$72.25

ACE Train 20-Trip: Fremont	
20-Trip Stockton-Fremont (F20SK)	\$76.25
20-Trip Lathrop/Manteca-Fremont (F20LA)	\$73.00
20-Trip Tracy-Fremont (F20TR)	\$56.25
20-Trip Vasco-Fremont (F20VA)	\$39.50
20-Trip Livermore-Fremont (F20LV)	\$39.50
20-Trip Pleasanton-Fremont (F20PL)	\$39.50

ACE Train Monthly: San Jose		
Monthly Stockton-San Jose (SJSKT)	\$173.00	
Monthly Lathrop/Manteca-San Jose (SJLAT)	\$165.75	
Monthly Tracy-San Jose (SJTRC)	\$134.25	
Monthly Vasco-San Jose (SJVAR)	\$103.50	
Monthly Livermore-San Jose (SJLVA)	\$103.50	
Monthly Pleasanton-San Jose (SJPLD)	\$103.50	
Monthly Fremont-San Jose (FRSJ)	\$72.25	

ACE Train 20-Trip: San Jose	
20-Trip Stockton-San Jose (\$20\$K)	\$94.25
20-Trip Lathrop/Manteca-San Jose (S20LA)	\$90.00
20-Trip Tracy-San Jose (\$20TR)	\$73.00
20-Trip Vasco-San Jose (S20VA)	\$56.25
20-Trip Livermore-San Jose (\$20LV)	\$56.25
20-Trip Pleasanton-San Jose (S20PL)	\$56.25
20-Trip Fremont-San Jose (F20SJ)	\$39.50