PRE-TAX PAYROLL DEDUCTION FORM

31-CONSECUTIVE DAY BUS PASS

(Effective October 1, 2012, Cost is ONLY $17.00)

All City & County employees are eligible to receive a **non-transferrable** StarTran 31-Consecutive Day Pass, **using Pre-Tax Dollars**. This pass allows the employee unlimited rides on all StarTran regular route service for 31-consecutive days.

Utilizing StarTran bus service for home to work trips will save you a substantial amount of money every month, even more now with the reduced pass price, and **Pre-Tax Dollars**. More and more citizens of Lincoln are using StarTran; a very economical and highly desirable alternative to the automobile. StarTran service is pleasant and easy to use and, more importantly, an extremely good value. Don't forget you can Bike & Bus too, if you want to get your daily exercise. Each bus is equipped with an easy to operate rack that will accommodate two bikes.

So, if you are interested in saving money, or having more money available to spend each month, we help make it very easy for you. Here's all you have to do.

1. Send this form to: Madalyn Popken, City Payroll or Bill Shuster, County Payroll
2. A 31-Consecutive Day Pass will be mailed to your office each month, prior to the first of the month.

That's all there is to it! If you have any questions about the 31-Consecutive Day Pass, or need route information, just call StarTran Customer Service at 402-476-1234.

The City/County will pay half the cost (½ = $8.50) of the 31-Consecutive Day bus pass, and the employee pays half (½ = $8.50). You can't afford not to ride!

- - - - -*complete the portion below, cut here and mail to your appropriate payroll contact above* - - - - -

STARTRAN'S 31-CONSECUTIVE DAY BUS PASS @ $17.00

The undersigned requests (please check one box below):

☐ Please begin Pre-Tax Payroll Deduction of $8.50 for my 31-Consecutive Day bus pass.
I understand the City/County (employer) will pay the other half ($8.50).

☐ Please cancel my 31-Consecutive Day bus pass deduction beginning _____ _____.
(If you cancel for any reason, you must complete this form also) Month Year

Check one: _____ City Employee _____ County Employee

Department_____

Name_____S.S.Number_____
(Please Print)

Signature_____ Date_____

newpass.klm