

# Tufts Medical Center / Physicians Organization

## Authorization for MBTA Pass Program

Please completed this form and return to Tufts MC /Physicians Organization Payroll Box 1013 or via fax at 6-7523. ***MUST BE SUBMITTED BY THE 10<sup>TH</sup> OF EACH MONTH TO GO INTO EFFECT BEGINNING OF THE FOLLOWING MONTH.***

Name (print)\_\_\_\_\_

Extension\_\_\_\_\_

Department\_\_\_\_\_

Effective Month\_\_\_\_\_

### Transaction Type

- Add
- Change
- Cancel Pass (temporary suspension requests will not be accepted)

### Select type of Pass (Prices shown are after 35% Discount up to a max of \$50.00)

- |                                      |          |  |          |
|--------------------------------------|----------|--|----------|
| <input type="checkbox"/> Bus         | \$35.75  | <input type="checkbox"/> Zone 5            | \$261.00 |
| <input type="checkbox"/> Link Pass   | \$58.50  | <input type="checkbox"/> Zone 6            | \$290.00 |
| <input type="checkbox"/> Zone 1A     | \$58.50  | <input type="checkbox"/> Zone 7            | \$310.00 |
| <input type="checkbox"/> Zone 1      | \$164.00 | <input type="checkbox"/> Zone 8            | \$338.00 |
| <input type="checkbox"/> Zone 2      | \$182.00 | <input type="checkbox"/> Boat              | \$279.00 |
| <input type="checkbox"/> Zone 3      | \$211.00 | <input type="checkbox"/> Inner Express Bus | \$88.40  |
| <input type="checkbox"/> Zone 4      | \$231.00 | <input type="checkbox"/> Outer Express Bus | \$118.00 |
| <input type="checkbox"/> Senior Link | \$19.50  |  |          |

I authorize Tufts MC / Physicians Organization to reduce my pay each month for my share of the MBTA pass program. I understand that the MBTA requires that passes be ordered one full month in advance and that this completed form must be submitted to the Tufts MC / Physicians Organization Payroll Department no later than the first day of the month prior to the order to affect any changes in my withholding arrangement.

### Please Check One:

- I will pick up my monthly pass
- Please mail my pass to home address on file. I agree to be liable for any lost or damaged MBTA pass. I absolve Tufts MC / Physicians Organization of any responsibility if the pass is lost or damaged once it is in the U.S Mail System.

I agree to the terms and conditions of this program.

Signature\_\_\_\_\_

Date\_\_\_\_\_