



CITY AND COUNTY OF DENVER 2012 ECO PASS ENROLLMENT FORM

Department/Building location: _____

Employee ID #: _____

Name: _____

Pass Begin date: _____
(Must be the first of the month)

Eco Pass ID number: _____
(For Benefit Staff only)

Rules

- Monthly cost is \$39, and will be not pro-rated.
- Participants must return the Eco Pass sticker upon leaving the City or if no longer participating in the program.
- Failure to return pass upon termination of employment or the program will result in a final prorated yearly deduction from the employee's final check.

Authorization

I hereby authorize the City and County of Denver to make monthly pre-tax deductions of \$39 from any compensation or monies due to me and will be applied to the purchase of the Eco Pass. The monthly deductions will be taken on the second payroll of each month after the pass begin date and will continue through the current calendar year, or until I no longer wish to participate or until I terminate my employment with the City. I understand that failure to return the Eco Pass sticker will result in a pro-rated yearly deduction from my final check.

Employee Signature: _____ **Date:** _____

By signing this form, I attest that I have read and understand the above rules of the Eco Pass program.

Please return to CSA/Benefits 201 W. Colfax Dept. 412, Denver, CO 80202 or fax to (720) 913-5548 or email to benefits@denvergov.org.