



2009 CITY AND COUNTY OF DENVER VALUPASS DEDUCTION AUTHORIZATION

Department: _____

Employee ID #: _____

Name: _____

Mailing Address: _____

Phone number: _____

ValuPass selection and associated employee monthly cost (after City subsidy):

Please send the following type of pass (check one box):

- | | |
|-----------------------------------------------------------------------|------|
| <input type="checkbox"/> Local (Light Rail zones AB) | \$33 |
| <input type="checkbox"/> Express (Light Rail zones ABC) | \$45 |
| <input type="checkbox"/> Regional and SkyRide (Light Rail zones ABCD) | \$63 |

To participate in the plan, you must enroll each year for 12 months. The ValuPass is a series of 12 monthly passes, which are purchased by the City and County of Denver (City) in advance, rather than month-by-month. *Because passes are purchased in advance, you are responsible for paying the remaining total cost (employee contribution plus City subsidy) of the ValuPass if you separate from service with the City for any reason prior to the end of the 12-month period at the unsubsidized monthly rate.*

You may purchase the ValuPass anytime for a 12 month period. You must enroll by the **first (1st) of the month** in order to receive your monthly pass in the mail from RTD by the 1st of the following month (except for January, 2009 renewals, passes must be received by November 21, 2008). The pass is non-transferable and non-refundable. Your monthly pass will automatically be mailed by RTD to your residence. **You are responsible for notifying CSA of address changes.** You are responsible for notifying CSA if you would like to re-enroll once your 12 month pass has expired.

Authorization

I hereby authorize the City and County of Denver to make monthly pre-tax deductions from any compensation or monies due to me. The monies deducted will be applied to the purchase of the ValuPass indicated above. The monthly deductions, each in the amount indicated above, will be taken on the second payroll of each month beginning ____/____/____ through the concurrent 12-month period.

Employee Signature: _____ Date: ____/____/____

By signing this form, I attest that I have read and understand the above rules of RTD's ValuPass program.

Please return to CSA/Benefits 201 W. Colfax Dept 412.