



**MBC Admin/HR Benefits**  
350 S. Fifth St. – Room 105  
Minneapolis, MN 55415

## Metropass Cancellation / Suspension Request Form

### ☐ Cancellation Request

Please cancel my participation in the Metropass program effective \_\_\_\_\_  
Last day of month

Check the reason: ☐ Retirement / Resignation ☐ Other

Date of event Retirement or Resignation: \_\_\_\_\_

- I understand that because I pay in advance, my cancellation form must be submitted by the first Friday of the month of the cancellation date. *Example: To cancel participation effective September 30th, submit a request on or before the first Friday of September.*
- I understand that there will be no refunds issued for late cancellations or terminations from employment.
- I understand that my Metropass must be returned to the MBC Admin/HR Benefits Office at the time the cancellation becomes effective.
- I understand if I cancel participation and later re-enroll in the program, I must submit an Enrollment/Re-Enrollment form by the first Friday of the previous month. *Example: To re-enroll starting October 1, the form must be received by the first Friday in September.*

### ☐ Suspension Request – 3 months or less

*(if longer than 3 months, please cancel; you will receive a new card when you re-enroll)*

Please suspend my participation in the Metropass program effective \_\_\_\_\_  
Last day of month

**CHOOSE ONE:**

☐ I would like to have my current pass reinstated on the following date \_\_\_\_\_  
*(Reinstatement must be within three months)* First day of month

- I understand that to re-enroll following a suspension of more than three months, I must submit an Enrollment/Re-enrollment form to Benefits by the first Friday of the month.

*Example: To suspend participation effective March 31st, submit a request on or before the first Friday in March.*

|                              |                    |                       |
|------------------------------|--------------------|-----------------------|
| Employee Name (please print) | Employee ID Number | Work Telephone Number |
| Employee Signature           |                    | Date                  |

*Monthly Metropass costs may change. Employees will be notified of any change in the monthly cost.*

Return this form by email ([Nicky.Giancola@municipalbuilding.org](mailto:Nicky.Giancola@municipalbuilding.org)) or inter-office (MBC Admin/HR Benefits-Room 105)

Updated 12/1/2017