



<i>Office Use:</i>	
Name: _____	
Comet Date: _____	<input type="checkbox"/>
 <input type="checkbox"/>	

## Metropass Replacement Request Form

### Replacement Request

Please check the reason:

- Lost/Stolen**
- Damaged** (determined my Metro Transit)
- Defective** (non-responsive when placed on a Go To device)
- Name Change—Former Name:** \_\_\_\_\_

If your card is damaged, defective or you are requesting a name change, you must return your Metropass along with this completed form.

- Card Contains Stored Value** If your card contains stored value, this box must be checked in order for funds to transfer to your new Metropass.

- I understand that a \$20 fee will be deducted from a future paycheck for the first replacement of lost, stolen, or damaged pass in a 12-month period and a \$40 fee for the second replacement in a 12-month period. Also, a lost, stolen or damaged pass will not be replaced a third time within a 12-month period.
  - I understand that to replace a card due to a name change, a \$20 fee will be deducted from a future paycheck.
  - I understand that no fee will be charged to replace a defective card or for re-enrollment in the program.
  - I understand that a temporary pass will be provided until a replacement card is issued.
- Return this form along with your original Metropass (if applicable) by email ([Benefits@minneapolismn.gov](mailto:Benefits@minneapolismn.gov)), fax (612-673-2533), inter-office (Benefits-PSC Room 100) or mail to City of Minneapolis, Benefits, Room 100 Public Service Center, 250 South 4<sup>th</sup> Street, Minneapolis, MN 55415-1339 **by the first Friday of the month** in order for your Metropass to be effective the first day of the following month. If the first is on a Friday, weekend or holiday, it is due the following business day.

Employee Name (please print)	Employee ID Number	Work Telephone Number
Employee Signature		Date
<ul style="list-style-type: none"> <li>• <i>By my signature, I request a replacement Metropass for the reason stated above and, if applicable, authorize the City to deduct the one-time cost of replacing my Metropass (not to exceed \$40) from my pay.</i></li> <li>• <i>You will be notified by email when your Metropass is ready to be picked up in HR (your signature is required). Please contact Benefits if you have questions or are unable to come downtown to pick up the pass.</i></li> </ul> <p style="margin-top: 10px;"><i>Contact City Benefits at 612-673-3333 or <a href="mailto:benefits@minneapolismn.gov">benefits@minneapolismn.gov</a> if you have questions.</i></p>		