

# CITY OF MINNEAPOLIS METROPASS Replacement Request Form

## Replacement Request

Please check the reason:

- Lost/Stolen**
- Damaged**
- 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.
- I understand that 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) or inter-office (Benefits-PSC Room 100) **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.

City of Minneapolis  
Human Resources – Benefits  
Room 100 Public Service Center  
250 South 4<sup>th</sup> Street  
Minneapolis, MN 55415-1339

Employee Name (please print)		Work Telephone Number
Employee ID Number	<i>Tracking Number (completed by Benefits)</i>	<i>Temporary Pass Number (issued by Benefits)</i>
<i>By my signature below, 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>		
Employee Signature		Date

Please contact Benefits at 612-673-3333 or [Benefits@minneapolismn.gov](mailto:Benefits@minneapolismn.gov) if you have questions.