



Office Use:  
 Name: \_\_\_\_\_  
 Comet Date: \_\_\_\_\_   
 

## 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.

- If my Metropass is damaged, lost, or stolen, I will receive a temporary pass from the Benefits office (after filling out this form) until a replacement card is issued.
- I understand that an additional \$5.00 fee will be deducted from my paycheck for both the first and second replacement in a 12-month period.
- I understand that a pass may not be replaced a third time within a 12-month period.
- I understand that a defective card is replaced at no charge.
- I understand that no fee will be charged to replace a defective card or for re-enrollment in the program.

Return this form along with your original Metropass (if applicable) by fax (612-673-2533), email ([Benefits@minneapolismn.gov](mailto:Benefits@minneapolismn.gov)), inter-office (Benefits-PSC Room 100) or regular 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 replacement cost of \$5.00 for 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>		