



**TRANSIT PASS
PAYROLL DEDUCTION
AUTHORIZATION**



MARTA pass Serial # _____

I hereby authorize Six Continents Hotels, Inc., an InterContinental Hotels Group company (“IHG”) to **deduct \$57.00 from the first paycheck of each month on a pre-tax basis to be used for the purchase of a MARTA Transit Pass.**

Submitting this completed form by April 19th will give you the unlimited MARTA Transit Pass or the months of May through September 2017. Going forward, enrollment or cancellations must be received by the 15th of the previous month. The pre-tax deduction will be taken from the first paycheck of each month. This monthly discounted MARTA Transit Pass is being offered through September 30, 2017.

I understand that once the deductions are started they will be re-occurring until I elect to end the deductions. To end the deduction, I must complete and send via email to Danielle Jackson (Danielle.jackson@ihg.com), a new version of this form on which I have selected the statement below, “Cancel the monthly amount for a MARTA pass.” For example, If I do not want the discounted MARTA Transit pass for the month of June 2017, I will need to complete and submit the cancellation by May 15, 2017.

I understand that **each month, a deduction will be made on the first pay period of the month and will pay for the entire month’s MARTA Breeze benefits.** I understand that I must **enroll or cancel by the 15th of the previous month in order for benefits to load or not load on my card for the following month**

MARTA Breeze cards are **not eligible for any refunds.**

I certify that I will be using the discounted MARTA pass for my regular commute to work. I will not give, barter, exchange, convey or otherwise transfer this benefit to any other person.

I understand that if my employment with IHG ends for any reason, whether voluntarily or involuntary, before the end of a month in which a payroll deduction has been made for the MARTA pass, I will not be asked to return the pass and I will not be refunded any monies. I further understand that **if the pass is lost or stolen, a replacement pass will be issued for a fee of \$2.00.**

I understand and agree that false certification may result in disciplinary action taken by IHG, up to and including the termination of my employment.

Select one from the below:

_____ Deduct the monthly amount for a MARTA Pass

_____ Cancel the monthly amount for a MARTA Pass

(any cancellation after the 15th of the month will not be canceled until the following month)

Signed: _____ Date: _____

Print: _____

Please return completed form to [Danielle Jackson, Danielle.jackson@ihg.com]

For more information on your commute visit PerimeterConnects.com