

CITY OF MINNEAPOLIS METROPASS REPLACEMENT/CHANGE FORM

Complete this form to request a replacement card. Per the Metropolitan Council Metropass Agreement, there is a \$20 fee for the first replacement of an employee's lost, stolen, or damaged pass and a \$40 charge for the second replacement. An employee's lost, stolen or damaged pass will not be replaced a third time within the annual program period. A fee of \$20 will be charged to submit a name change. There is no charge to replace a defective card.

A temporary pass will be provided until a replacement card is issued.

Reason for Replacement:

Lost/Stolen **Damaged*** **Defective*** **Name Change***

Old Name: _____

(*Damaged, Defective and Name Change passes must be returned with this form)

Card Contains Stored Value **:

** If this card contains stored value, this box must be checked in order for the funds to transfer.

If your card is **lost or stolen**, complete and return this form to authorize a payroll deduction for the replacement fee.

If your card is **damaged**, complete and return this form along with the damaged card to authorize a payroll deduction for the replacement fee.

If your card is **defective**, complete and return this form along with the defective card. (Defective passes are non-responsive when placed on a Go To device)

If this is a **name change request**, complete and return this form along with the original card to authorize a payroll deduction for the replacement fee.

Employee Name (please print)		Dept/Work Telephone Number
Employee Payroll ID Number	Metropass Tracking Number (completed by Benefits)	Temporary Pass Number (issued by Benefits)
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.		
Employee Signature		Date

Return your completed form along with your original Metropass (if applicable) to:

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

Please contact Benefits (612-673-3761) if you have any questions.