

Harvard University Transit Pass Program

Paper Purchasing Form

Only for eligible employees **without** a Harvard ID and Pin# (All other employees order online at: www.commuterchoice.harvard.edu)
Paper form ordering deadline: 25th of the month, 2 months prior to usage month. Ex: Sept. 25th for November Pass.

STEP 1: Select your MBTA pass type:

Monthly Pass Description	Harvard Price	Monthly Pass Description	Harvard Price
<input type="checkbox"/> Local Bus	\$20.00	<input type="checkbox"/> Commuter Rail Zone 2 Monthly	\$75.50
<input type="checkbox"/> Link Pass (Bus/Subway)	\$29.50	<input type="checkbox"/> Commuter Rail Zone 3 Monthly	\$81.50
<input type="checkbox"/> Inner Express Bus	\$44.50	<input type="checkbox"/> Commuter Rail Zone 4 Monthly	\$93.00
<input type="checkbox"/> Outer Express Bus	\$64.50	<input type="checkbox"/> Commuter Rail Zone 5 Monthly	\$105.00
<input type="checkbox"/> Boat	\$99.00	<input type="checkbox"/> Commuter Rail Zone 6 Monthly	\$111.50
<input type="checkbox"/> Senior/TAP	\$10.00	<input type="checkbox"/> Commuter Rail Zone 7 Monthly	\$117.50
<input type="checkbox"/> Commuter Rail Zone 1	\$67.50	<input type="checkbox"/> Commuter Rail Zone 8 Monthly	\$125.00
<input type="checkbox"/> Commuter Rail Zone 1A	\$29.50	<input type="checkbox"/> No Pass	

STEP 2: Available Private Transit Carrier(s): 128 Business Council – Alewife Shuttle, AMTRAK, Bloom Bus, Bonanza Bus Lines (Operated by Peter Pan), Boston Express Bus, Brockton Area Transit, C&J Trailways, (The) Coach Company, Concord Coach, Dartmouth Coach, DATTCO, Greater Attleboro Taunton Regional Transit Authority (GATRA), Greyhound, Lowell Regional Transit Authority (LRTA), MassRIDES Vanpool, MetroWest Regional Transit Authority (MWRTA), Merrimac Valley Regional Transit Authority (MVRTA), Peter Pan Bus Lines, Plymouth & Brockton, Pioneer Valley Transit Authority (PVRTA), Vermont Transit (Operated by Greyhound), VPSI - Vanpool, Worcester Regional Transit Authority (WRTA), and (A) Yankee Line.

ALL Private Transit Carriers accept Commuter Check(s): *Minimum Value \$10; Maximum Value \$230*

Commuter Check(s): Denomination: \$_____ Quantity: _____ Total: _____

Other available Private Transit Products: For additional pricing information, visit: www.commuterchoice.harvard.edu

Pass Description	Price	Pass Description	Price
<input type="checkbox"/> Bloom Bus (10 ride)	\$60.00	<input type="checkbox"/> DATTCO (1 way)*	Varies
<input type="checkbox"/> Bloom Bus (Bridgewater, 10 ride)	\$50.00	<input type="checkbox"/> DATTCO (roundtrip)*	Varies
<input type="checkbox"/> (The) Coach Company (10 ride)*	Varies	<input type="checkbox"/> DATTCO (10 ride)*	Varies
<input type="checkbox"/> (The) Coach Company (20 ride)*	Varies	<input type="checkbox"/> DATTCO (40 ride)*	Varies
<input type="checkbox"/> (The) Coach Company (1 way)*	Varies	<input type="checkbox"/> (A) Yankee Line (10 ride)	\$55.00
		<input type="checkbox"/> No Private Transit Products	N/C

*Prices vary depending upon origin/destination. Origin: _____ Destination: _____ Price: _____ Qty: _____ Total: _____

- This is a **recurring** order. Your entire order (MBTA & Private Transit) will remain in effect indefinitely. You will not need to place an order each month.
- I wish to order a pass for some months but not others. Please check the month(s) you would like to receive your order:

<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> May	<input type="checkbox"/> July	<input type="checkbox"/> September	<input type="checkbox"/> November
<input type="checkbox"/> February	<input type="checkbox"/> April	<input type="checkbox"/> June	<input type="checkbox"/> August	<input type="checkbox"/> October	<input type="checkbox"/> December

To Cancel or Change an existing order:

- Cancel my recurring pass order. This will cancel both MBTA and Private Transit products.
- I wish to change my MBTA order from _____ to _____ effective _____.
- I wish to change my Private Transit order from _____ to _____ effective _____.

By signing this form, I am authorizing Harvard University to either start or stop a payroll deduction for my portion of the transit order cost. I must provide an email address or phone # in the space provided below to receive a confirmation within 2 business days. Once confirmed, my order will be mailed to my home address. (If needed, update address through Harvard's PeopleSoft System.)

Name: _____ Harvard ID#: _____ Email: _____

Date: _____ Daytime Phone: _____ Signature: _____

Preparer's/Translator's Name: _____ Email: _____ Phone: _____

Email, fax, or mail this completed and signed form to: servicecenter@crosbybenefits.com; Fax: 617-928-0001;
Crosby Benefit Systems, P.O. Box 929125, Needham, MA 02492-9125
Questions? Contact Crosby at: 617-928-0700 or 800-462-2235 #6

For CBS Use Only: Date Fax Received: ___/___/___ Contacted By: _____ VM: Yes No Date: ___/___/___