

QUALIFIED TRANSPORTATION ACCOUNT PROGRAM
ENROLLMENT FORM



NEW 10/11

AGENCY NAME:	PLAN YEAR: 20__	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER	(MUST BE PROVIDED)
EMPLOYEE LAST NAME:	FIRST NAME	MI		
STREET ADDRESS	CITY	STATE	ZIP	
HOME PHONE NUMBER	HOME EMAIL ADDRESS	DATE OF BIRTH		
DATE OF HIRE	EMPLOYEE ID#	EMPLOYEE RECORD#		
DATE OF FIRST PAYROLL WITHHOLD	MONTH	DAY	YEAR	

******ENROLLMENT SUBJECT TO ELIGIBILITY VERIFICATION ******

I hereby authorize my employer to continue to reduce my taxable monthly compensation by the amount listed below. I understand that this monthly reduction will continue until such time as I change my election.

QUALIFIED TRANSIT ENROLLMENT ELECTION AMOUNT	\$ _____ MONTHLY AMOUNT (up to \$125 a month)
QUALIFIED PARKING ENROLLMENT ELECTION AMOUNT	\$ _____ MONTHLY AMOUNT (up to \$240 a month)
I elect to participate with the pre-paid benefits card. <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby make the following election regarding the benefits made available to me under my Qualified Transportation Account and affirm my understanding that:

- * This election is exclusively for the cost of my regular daily direct commute from home to work and return in a Public Transportation Vehicle or for the regular daily cost of parking on or near my work location.
- * I will not give, barter, exchange, convey or otherwise transfer this benefit to any other person.
- * This election is based on a calendar month and will begin on my first assigned workday of the upcoming calendar month and will remain in effect until the last day of the selected election period(s).
- * The monthly benefit will not exceed my average monthly commuting cost or the maximum election amount established by the IRC Section 132 for parking or for commuting by public transportation or eligible vanpool.
- * My taxable compensation will be reduced by an amount equal to the total value of the benefits specified below. Such amount is to be deducted from my regular paychecks during the election period.
- * I agree to use the benefits debit card for eligible expenses only.
- * I understand the benefits debit card will be inactivated if I do not comply with the provisions of the Plan/card or upon termination of employment.
- * I am responsible for any fees associated with use of the benefits debit card, not otherwise paid for by my employer.

I acknowledge that I have read and understand the instructions, terms and conditions mentioned on this application and that my participation in the Qualified Transportation Account is in accordance with current plan provisions and Internal Revenue Code requirements.

Employee Signature _____ Date _____

KEEP A COPY FOR YOUR RECORDS