



State of Connecticut

Qualified Transportation Account

Compensation Reduction Agreement Form

Revised 09/09

MAIL OR FAX COMPLETED FORM TO:
 Progressive Benefit Solutions, LLC (PBS)
 23 Maiden Lane
 North Haven, CT 06473
 FAX: (203) 985-1717
 Phone: 1-866-906-8023

ORIGINAL ELECTION ELECTION PERIOD: MONTH _____ YEAR _____
 CHANGE OF ELECTION

EMPLOYEE NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER	EMPLOYEE NUMBER	EMPLOYEE RECORD NUMBER
HOME ADDRESS	CITY, STATE, ZIP CODE		
<input type="checkbox"/> Check if new address			
NAME OF EMPLOYING AGENCY	DEPARTMENT ID	DATE OF BIRTH	
EMAIL ADDRESS	DATE OF HIRE	HOME PHONE NO.	OFFICE PHONE 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 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.
- A reduction in my taxable compensation will remain in effect for the monthly period(s) during which I am a participant and can only be changed or revoked in accordance with the Qualified Transportation Account Cut Off Date Schedule.
- 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.
- By taking less taxable compensation, my financial participation in the Deferred Compensation (Section 457), Tax Sheltered Annuities (Section 403(b)), Social Security Entitlement and/or Retirement Benefit Plans may be reduced
- 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 the use of the benefits debit card, not otherwise paid for by my employer

QTA Election:

	Amount
Qualified Parking Expenses - (up to \$230 per month)	
Qualified Transit Expenses - (up to \$230 per month)	

Pre-Paid Benefits Card Election:

Yes, I elect to participate with the Pre-Paid Benefits Card Effective Month/Year _____

No, I waive participation with the Pre-Paid Benefits Card

Continuation of Election: I hereby authorize my employer to continue to reduce my taxable monthly compensation by the amount above. I understand that this monthly reduction will continue until such time as I change my election.

Yes, continue this withholding until a new election is received.

No, this election is for the designated month only.

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 all applicable Federal Laws, IRS Regulations and Internal Revenue Code Section 132.

Employee Signature _____ Date _____

MAKE A COPY FOR YOUR RECORDS