



ENROLLMENT FORM

QUALIFIED TRANSPORTATION EXPENSE PLAN

(PLEASE PRINT CLEARLY)



2320 Brighton-Henrietta Townline Rd
Rochester, NY 14623
Phone: (800) 473-9595
Website: www.BenefitResource.com

2019 Commuter Form

A. EMPLOYEE INFORMATION DATE / /

Member ID (Employee U#): _____

Employee Name: (Last) _____ (First) _____ (MI) _____

Home Address: (Street) _____ (Apt #) _____

(City) _____ (State) _____ (Zip Code) _____

Home Phone #: _____ E-mail Address: _____

Birth Date: / / Hire Date: / / Gender: Male Female

Employee Status (please select one): Full-Time Part-Time

B. QUALIFIED TRANSPORTATION EXPENSE (QTE) ACCOUNTS **EFFECTIVE PAYROLL DEDUCTION DATE** / /

Please enter your QTE election(s):	Type of Account	Enrollment	Deduction Per Pay Period		
	Parking	Yes / No	Pre Tax (2019 limit is \$132.50)	\$ _____	Post Tax \$ _____
	Mass Transit	Yes / No	Pre Tax (2019 limit is \$132.50)	\$ _____	Post Tax \$ _____

Cancel Enrollment _____

C. EMPLOYEE CERTIFICATION

- I have received and read the printed material which explains my QTE Plan and my options under it. I understand that any expenses paid under this Plan must be eligible expenses as governed by IRS regulations, must be for my own use and must not be reimbursed from any other source. I also understand that by signing and submitting this enrollment form, I am making an election that will remain in effect until a change form is submitted. Any choices above may be modified only as defined in the Plan.
- I authorize the amount(s) above to be deducted from payroll as indicated and also authorize any necessary advance on salary deduction (as described herein).
- I authorize the issuance of an eTRAC® MasterCard® by the Benefit Resource, Inc. bank. I agree to use the card only for my own eligible Plan expenses and to be bound by all provisions of the eTRAC MasterCard Agreement sent to me with my card. Furthermore, I understand that if my eTRAC MasterCard is used for expenses other than those defined in the Plan or if I violate the terms of the Agreement, I may lose eTRAC MasterCard privileges and will reimburse the Plan for the expenses. I also agree to have any non-approved expense deducted from my paycheck on an after-tax basis as an advance on salary.
- I understand that Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. I also understand that I may be required to provide identifying information (e.g. social security number, address and date of birth) when making inquiries about my eTRAC card. I understand that any personal information obtained will not be shared with anyone, including non-affiliated third parties, except as permitted by law.

Signature: _____ Date: / /

D. PAYROLL DEDUCTION INFORMATION Employer must complete this section for employee to be enrolled.

• Deduction cycle: semi-monthly

Pay Date of first QTE deduction(s): / / • eTRAC Card Issue Month: _____

Please return completed form to the University Benefits office via fax to 914-989-8506 or scan/e-mail to benefits@pace.edu.